Medical Economics

DECEMBER
1944

Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

DECEMBER 1944

CIRCULATION 108,000

H. Sheridan Baketel, A.M., M.D., Editor-in-Chief. William Alan Richardson, Editor. Ross C. McCluskey, Managing Editor. Lansing Chapman, Publisher. Russell H. Babb, Advertising Manager.

25c a copy, $2 a year.

Active vs. PASSIVE HYPEREMIA

In local inflammations, passive hyperemia or congestion retards healing. An increase in the circulation from the affected area is, therefore, desirable.

An important advantage of Numotizine in the treatment of inflammation is its ability to increase local circulation in both directions, thereby assisting the natural healing process.

The slow, steady release of guaiacol, beechwood creosote and methyl salicylate from the improved Numotizine base stimulates local circulation and produces systemic analgesia for a period of 8 hours or more from a single application.

Numotizine is indicated in chest conditions, sprains, bronchitis, glandular swellings, furunculosis, etc.

NUMOTIZINE
THE PRESCRIPTION CATAPLASM
NUMOTIZINE

Supplied in 4, 8, 15 and 30 ounce resealable glass jars.

Numotizine is ethically presented—not advertised to the laity.

NUMOTIZINE, INC., 900 NORTH FRANKLIN STREET, CHICAGO, ILL

FORMULA:

Guaiacol	2.60
Beechwood Creosote	13.02
Methyl Salicylate	2.60
Sol. Formaldehyde	2.60

C. P. Glycerine and Aluminum Silicate q. s. 1000 parts

VENUS DE MILO...art treasure without price! This remarkable statue, which is of heroic size, represents the perfect female figure.. draped from the girdle to the feet. Both arms are missing. In beauty of execution and nobility of conception this epic work of sculpture stands without a rival in its portrayal of noble womanhood!

PERFECTION

in its field . . .

Just as the Venus de Milo is considered by many critics to be the most lovely example of ancient sculpture in the world today, so from the viewpoint of beauty, utility, long life and economy, surgical instruments and equipment bearing the name SKLAR stand for as near perfection as more than half a century of experience and skill can make them. All through the years...ever since it was founded...the J. Sklar Manufacturing Company has consistently maintained the highest standards of quality and workmanship. And this production policy plus unusual flexibility in adapting manufacturing processes to surgical trends has made SKLAR first choice with discriminating surgeons...the leader in a highly specialized industry.

Sklar instruments are sold only through accredited surgical instrument distributors. A catalog of Sklar Stainless Steel Instruments will be provided on request.

ARMY E NAVY

Sklar **LONG ISLAND CITY, N. Y.**

BABCOCK'S INTESTINAL FORCEPS, BOX LOCK, STAINLESS STEEL

UP

VI-SYNERAL POTENCIES SUBSTANTIALLY INCREASED

NO ADVANCE IN PRICE!

In line with our pioneering work in multiple vitamin-mineral therapy and with newer clinical research on vitamin requirements, Vi-Syneral now contains an average of 40 per cent more of important vitamins B_1, B_2, B_6, niacinamide, calcium pantothenate, ascorbic acid, and alpha tocopherol (vitamin E).

***How* Vi-Syneral Vitamin Potency ... Vi-Syneral Special Group**
(for middle-aged and aged)

Each vitamin capsule contains:

Vitamin A	5000 U.S.P. Units
Vitamin B_1	3.5 Mg.
Vitamin B_2(G)	3.5 Mg.
Vitamin B_6	2 Mg.
Calcium Pantothenate	5 Mg.
Niacinamide	20 Mg.
Vitamin C	75 Mg.
Vitamin D	720 U.S.P. Units
Vitamin E (α-tocopherol)	4 Mg.
Vitamin B Complex	50 Mg. Yeast

Vi-Syneral also furnishes MINERALS: Calcium, Phosphorus, Iron, Iodine, Copper, Magnesium, Zinc, Manganese.

Vi-Syneral potencies have been similarly increased for the four other age groups: INFANTS and CHILDREN · CHILDREN and ADOLESCENTS · ADULTS · EXPECTANT and NURSING MOTHERS.

PROFESSIONAL SAMPLES AND LITERATURE...

U. S. VITAMIN Corporation 250 E. 43RD STREET NEW YORK 17, N. Y.

2 TYPES OF STERI-PADS

● Steri-Pads give you a choice of two kinds of sterile, ready-to-use pads—the familiar, all-gauze type—and ZOBEC.*

Zobec Steri-Pads combine folded gauze with a completely enclosed film of downy cotton distributed throughout each fold. Softer, more absorbent, Zobec Steri-Pads are ideal for use over draining wounds and tender areas. Three sizes—2", 3" and 4" squares, in individual envelopes, 100 in box.

STERILE • CONVENIENT • INEXPENSIVE

ORDER FROM YOUR DEALER

Johnson & Johnson

NEW BRUNSWICK, N. J. CHICAGO, ILL.

**Trade mark of product made exclusively by Johnson & Johnson*

Speaking Frankly

Pepper Prescription

Senator Claude M. Pepper greatly exaggerates the number of persons who do not receive adequate medical care. I cannot agree that a large proportion of people in metropolitan areas go without attention through necessity, although many do by choice. I know, for instance, that persons with venereal disease and tuberculosis refuse care regularly and have to be checked constantly by health officials.

Most large cities provide hospitals for free, adequate medical care, and I do not believe that there are many smaller communities where care is unavailable. Most existing lacks can be traced to the needs of the armed forces. I do agree that some form of Government subsidy is necessary in sparsely populated areas, but with the state in control.

Connecticut, for example, has provided hospitals for mental diseases and t.b., as well as clinics for t.b. diagnosis. It also offers free care for crippled children and free consultations in obstetrics and pediatrics.

Forrest D. Gibson, M.D.
Hartford, Conn.

EMIC

Cultists and midwives yell for participation in the Emergency Maternity and Infant Care program. A physician receives national publicity because he can't find hospital accommodations, so must house soldier's babies in his bureau drawers. What a comedy of errors!

M.D., Oklahoma

At this writing, the Indiana State Board of Health is from six to eight weeks behind in its processing of EMIC applications. Lack of help is partly to blame, but much of the delay is due to the fact that doctors will not always take time to fill out the papers properly.

A number of physicians will not even have anything to do with the plan, although it pays $50 for a maternity case in this state. And pediatricians would rather donate their services than accept the Government's $1 for an office call and be forced to do a lot of paper work.

M.D., Indiana

Doctor-Writers

I enjoyed "The Editor Calls the Doctor," and agree that articles by physicians in popular publications would not only benefit the public but would impel people to seek medical advice more frequently and more quickly than they now do. It is too bad the profession holds itself aloof, because the public often misinterprets our attitude as one of concealment.

L. Winfield Kohn, M.D.
New York, N.Y.

The scientific and dispassionate knowledge of medical men wouldn't make "good copy." General maga-

zine readers want a hypo of sensationalism, or they aren't interested. That's why we have had so much flaming prose about the "miracle drugs" and so much hush-hush about their limitations. That's why we must continue wearily to explain that even penicillin won't cure all the ills that flesh is heir to.

M.D., Nebraska

My eyes bulged at the fees some lay writers get—for information they have obtained free from medical men!

Irving Wilson Voorhees, M.D.
New York, N.Y.

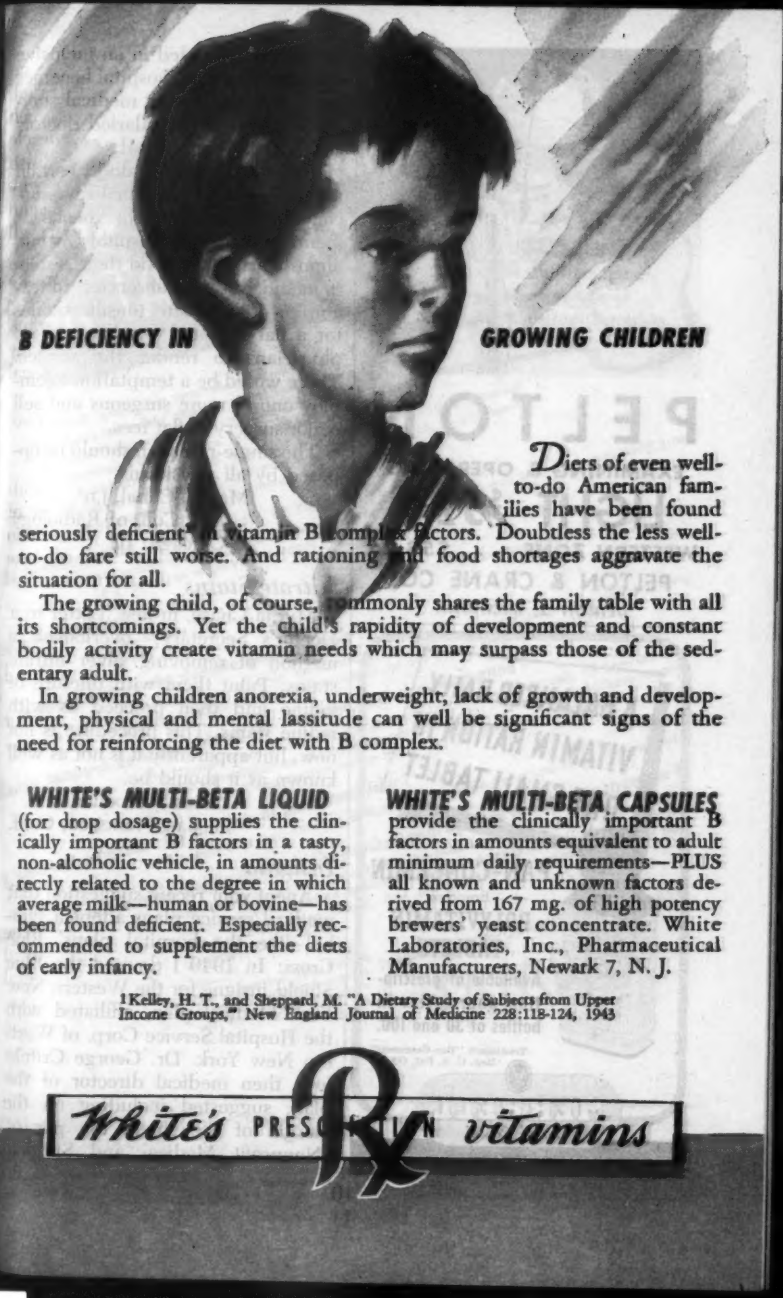
Psychiatry is one medical specialty about which a great amount of lay-written tripe is published. Too much of it is taken as gospel by the confused neurotic, who then becomes even more confused. It seems to me that it is high time that we who understand something of the meaning of human behavior should come out from behind our psychiatric vocabulary and try to put our knowledge into language understandable by all.

G. Margery Allen, M.D.
New York, N.Y.

Unit Rate

The single-rate hospital plan described as "winning new advocates" in your October issue threatens the very existence of a self-employed medical profession. A hospital which includes the services of a radiologist, for instance, among the items covered by a fixed *per diem* rate is assuming the role of a third-party distributor of medical service.

Only by making radiologists, pathologists, and anesthesiologists employes of the hospital can their



B DEFICIENCY IN GROWING CHILDREN

Diets of even well-to-do American families have been found seriously deficient[1] in vitamin B complex factors. Doubtless the less well-to-do fare still worse. And rationing and food shortages aggravate the situation for all.

The growing child, of course, commonly shares the family table with all its shortcomings. Yet the child's rapidity of development and constant bodily activity create vitamin needs which may surpass those of the sedentary adult.

In growing children anorexia, underweight, lack of growth and development, physical and mental lassitude can well be significant signs of the need for reinforcing the diet with B complex.

WHITE'S MULTI-BETA LIQUID (for drop dosage) supplies the clinically important B factors in a tasty, non-alcoholic vehicle, in amounts directly related to the degree in which average milk—human or bovine—has been found deficient. Especially recommended to supplement the diets of early infancy.

WHITE'S MULTI-BETA CAPSULES provide the clinically important B factors in amounts equivalent to adult minimum daily requirements—PLUS all known and unknown factors derived from 167 mg. of high potency brewers' yeast concentrate. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

1 Kelley, H. T., and Sheppard, M. "A Dietary Study of Subjects from Upper Income Groups," New England Journal of Medicine 228:118-124, 1943

White's PRESCRIPTION vitamins

services be included in an inclusive daily fee. Then the hospital becomes a middleman, buying medical service wholesale from salaried doctors and distributing it retail.

The proposal to include certain medical services at an inclusive rate concerns others than the specialists mentioned. Some hospitals would almost certainly extend their system to include obstetrical service, for example, or complete tonsillectomies for a flat fee, and employ salaried physicians to render the service. There would be a temptation to employ one or more surgeons and sell major surgery at flat fees.

The single-rate plan should be opposed by all physicians.

Mac F. Cahal, J.D.
Am. Coll. of Radiology
Chicago, Ill.

Nitrate Stains

Myrna Chase, in her "Letter to a Doctor's Secretary," overlooked a method of removing silver nitrate stains: Paint them with tincture of iodine and then proceed as with iodine stains. This procedure is not new, but apparently it is not as well known as it should be.

Hans Schroeder, M.D.
San Francisco, Calif.

Insignia

Anent your recent suggestion that medical service plans adopt a symbol like the hospital plans' Blue Cross: In 1940 I devised the Blue Shield insigne for the Western New York Medical plan, affiliated with the Hospital Service Corp. of Western New York. Dr. George Critchlow, then medical director of the plan, suggested including on the margin of the shield the phrase, "Nonprofit Medical and Surgical

How safe and effective is TAMPAX?

Intensive 5-year study of 2340 cases answers important questions on use of Tampax Menstrual Tampons

THE results of a comprehensive investigation* into the safety and efficacy of Tampax menstrual Tampons provide valuable data for the physician's consideration. In this project, studies of bacterial flora and hydrogen ion concentration, vaginal mucosal biopsies and glycogen determinations were undertaken, in addition to gross examinations . . . to answer the following questions:

Do tampons cause cancer, erosion, or vaginitis?

"No production of irritation or discharge, vaginitis or cervicitis was found'—in one study group of 218 women employing tampons regularly for one year or over

Do tampons block the flow?

"The answer is no"—"Tampons actually acted as a wick to draw away the blood from the cervix."

Do tampons irritate the delicate vaginal tissue?

"The answer is no"—On the contrary, "on observing over 500 private patients using vaginal tampons during menstruation, in not one have I observed any harm."

Should tampons be worn only at the start and end of menstruation?

"The answer is no. In the 110 young nurses (another study group), 95 per cent used tampons with satisfaction all through menstruation. Only 5 per cent could not use tampons in the middle of menstruation and in these cases the flow was excessive."

Do tampons overcome the problem of menstrual odor?

"The answer is yes. This has definitely been shown by us and other investigators."

Are tampons comfortable and do they help the psychological attitude toward menstruation?

"The answer is yes. The patient does not even know that a tampon is present in the vagina if it is inserted sufficiently deep . . . A large number of patients have stated, without being asked, that premenstrual and menstrual tension has disappeared."

---

* More detailed information, based on published reports, will be sent promptly on request.

TAMPAX INCORPORATED, PALMER, MASS.

TAMPAX

ACCEPTED FOR ADVERTISING BY THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

TAMPAX INCORPORATED
PALMER, MASS

Please send me a professional supply of the three sizes of Tampax.

ME-124

Name .....

Address .....

City .....

simple depression

*"... the most favorable of all disorders for benzedrine therapy."**

In simple depression, Benzedrine Sulfate therapy may be expected to benefit the patient by breaking the strangle-hold of pathologically organized habit-patterns and by restoring what Myerson calls the patient's "energy feeling".

The following instances of simple depression are familiar to every physician:—

1. Depression following acute infectious disease, typically influenza.

2. Depression following surgical operations.

3. Depression following pregnancy and childbirth.

4. Depression accompanying the onset and course of the menopause in women and the involution period in men.

5. Depression associated with menstrual dysfunction.

6. Reactive depression precipitated by an external problem situation which the patient can neither resolve, tolerate, nor ignore.

*Guttmann, E. and Sargant, W.—B. M. J., 1:1013, 1937

(RACEMIC AMPHETAMINE SULFATE)

SMITH, KLINE & FRENCH LABORATORIES · PHILADELPHIA, PA.

Care." The shield (see cut) has been adopted by medical plans in Massachusetts, New Hampshire, Delaware, West Virginia, and Texas. We have been glad to give permission

to use it; in fact we hope that any plan sponsored by the medical profession and allied with a Blue Cross plan, will adopt the shield.

Carl M. Metzger,
Executive Director
Hospital Service Corp.
Buffalo, N.Y.

I suggest White Cross as a unifying name and symbol for all professionally sponsored prepayment medical plans. Then the trilogy will be complete: Red Cross, Blue Cross, White Cross.

M.D., New Jersey

Strain on Morale

Day by day the breach widens between physicians in the armed services and those at home. This can have no good outcome for the profession.

Governmental control is inevitable unless we become more understanding of each other's problems. Let us show less concern about our own immediate personal gain and

"It's an ill wind that blows no good," the old proverb declares. And the genius of medical men is giving new meaning to these old words.

For in the ill wind, the shattering, terrible wind of war, they are finding new facts... developing new skills... improvising new techniques... reaping new knowledge that will play a vast, important part in the building of that "better world to come."

COSTLIER TOBACCOS

Camel

(This salute is published by the makers of Camel, the cigarette that is proud to be a favorite with men who wear the caduceus, as well as men in all the other services—according to actual sales records.)

Visual aid for differentiation in ARTHRITIS DIAGNOSIS

"THE HANDS IN ARTHRITIS"—a book of color photographs selected from thousands of cases of chronic arthritis—has been prepared by the Medical Department of Nutrition Research Laboratories—manufacturers of ERTRON*.

Much valuable diagnostic history can be obtained from the arthritic hand—hence the various etiologic groups of arthritis are illustrated and described as they affect the hands.

To assist the physician in diagnosing the type of arthritis so that corrective treatment may be instituted, this graphic book has been mailed to the entire medical profession. If you desire additional copies please write to the Medical Department of Nutrition Research Laboratories, 4210 Peterson Avenue, Chicago 30, Illinois.

NUTRITION RESEARCH LABORATORIES

CHICAGO

*Trademark Reg. U. S. Pat. Off.


THE HANDS IN ARTHRITIS
B.T.H.O.
for the systemic treatment of arthritis...
safe and established by clinical research

more about the future of medicine. Let's keep it a worth while profession for our sons to follow.

Medical Officer, Texas

"M.D., Vermont" wrote recently that "We are now getting along very comfortably" and "there will be too many physicians after the war." He's to be congratulated. After all, why *not* be comfortable? If there is a Society for Building Morale Among Overseas Doctors I nominate the Vermont M.D. for president.

Medical Officer, Louisiana

As a battalion surgeon with an infantry division for over two years, most of it overseas, let me say a few words. The AMA is concerned about having lots of medical students. But it twists statistics to prove the point. Actually three classes have been graduated each two years.

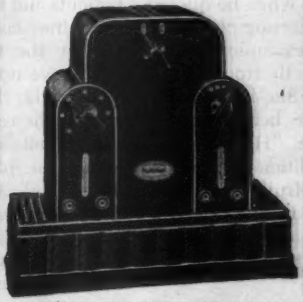
AMA officials run the association not for the convenience and benefit of the general practitioner but for the select few. The AMA has made no attempt, at least no publicized one, to see that those of us who desire post-graduate training receive it with the aid of the Government. As for the Army's using us according to our training, that has been a mockery from the start. Has our official organization spoken up and suggested rotation of a year in the field and a year in a hospital? The Aussies do it.

A last word to our "leaders" in the AMA: We doctors have had a chance to speak with one another from scattered states and communities. We know that our problems are mutual, whether we come from New

Practical Christmas Gifts by "National"

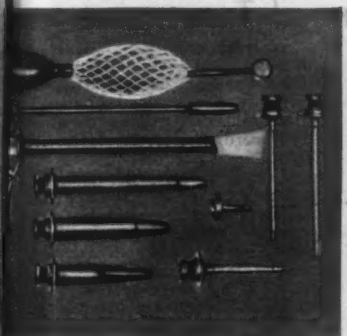
if it's a "National" it's the best

CIALISTS' "CENTRE-OF-BEAM" ADLIGHT fulfills every illumina- need. "Superflex" — perfectly d, perspiration-proof — wash- — headband, 2 six volt bulbs, transformer.....**$17.50**



SIMPLIFIED CONTROL CAUTERY for cervical cauterization in the office without anesthesia. Includes cautery transformer, illuminated cautery pistol, "Gyn-a-lite" clip set, and 3 cautery tips. **$39.50**

TWIN TRANSILLUMINATOR for the simultaneous comparison of both sinuses, eyeballs, etc. Complete with spare bulbs, bulb hoods, glass sheaths, push-button switch and 7½ ft. cord.....**$12.80**



MPLETE BODY CAVITY SET for the examination ALL body cavities. "Netromold" sigmoidoscope, ctoscope, child proctoscope, anoscope, tubular inal speculum, "virgiscope", urethroscope, ske- cope, handle grip, light carrier with cord, insuf- or and telescope, in walnut case.....**$69.50**

e your dealer or write to "National"

National Instruments from $3.75 up

Gyn-A-Lite Clip Set	3.75
Ear Specula Set	5.80
Procto-Gynalite Illuminating System	7.80
Direct-Type Headlight	14.50
Specialists' Otoscope Set	22.80
Complete Retinoscope Set	26.00
"Netromold" Ophthalmoscope Set	29.80

. . . and many others to fit every purse
. . . and for every need.

Give "National"—and you are giving the best, for National Instruments have been designed with but one thought in mind, that they shall be the finest and most complete that money can buy. Whoever the physician may be, there is a National Instrument he needs — and will appreciate.

National Electric Instrument Co., Inc.
92-21 Corona Ave., Elmhurst, L. I., N. Y.

OSCOPES • OTOSCOPES • BODY CAVITY SETS • HEADLIGHTS • RETINOSCOPES • TRANSILLUMINATORS • CAUTERY SET

York City or Muskogee, Okla. A little thought and consideration for the general practitioner had better be given, for we may be outspoken when we get home.

Medical Officer, New Guinea

Diagnosis in Writing

I am often amazed at the things a patient tells me when I'm taking a history, especially when he quotes what a former or referring physician has "told" him. For example, a woman came to me directly from a doctor in my building. She had a rash. "Dr. Blank sent me here for food tests," she told me. "He said this rash is an acid condition due to eating too much grapefruit."

Since the doctor in question is a capable internist, I asked, "Are you sure that he didn't say this was an *allergic* condition?"

"No, he said the grapefruit caused too much acid."

Why such garbling? I have observed that (1) some physicians tell patients nothing or couch their replies in medical terms unintelligible to the patients; (2) some make an honest effort to explain in laymen's terms; and (3) some use the tell-'em-nothing system with ignorant patients and the tell-all method with those they consider intelligent.

Now the first system will obviously give no help to the next physician who handles the case. Of course, the referring physician can't be misquoted by the patient—which is the principal drawback of the tell-all method. As to the third system: Can we always judge intelligence correctly?

An "intelligent" patient asked me if she could eat custard. I carefully

explained that allergy tests deal only with basic foods, and that custard is composed of two or three such. I went on: "People do not often stop to think of the number of basic foods that may go into the preparation of one dish. Why, one patient of mine even asked me to test her for vegetable soup!"

My intelligent listener pricked up her ears. "By the way, Doctor," she said, "you didn't test me for vegetable soup either."

The remedy to all this lies in written X-ray and laboratory reports; written records of medical or surgical procedures.

While physicians are often compelled by patients to make snap diagnoses, using words and phrases that would be useless to a succeeding doctor, never would they put on paper such vague or foolish terms as "a little cold in the shoulder," "bordering on nephritis," "a spot on the lungs," or "came pretty close to pneumonia."

Consequently, I think doctors should use a written-memorandum system in general practice, giving each patient a printed slip with a filled-in diagnosis. Such an innovation—far from being difficult—soon would become routine for even the busiest man.

Before casting my suggestion aside, ask yourself what you would prefer: a hodgepodge of information, misinformation, and unwarranted conclusions, or the clear, concise statement of a physician.

Write your diagnosis, and even if you're not referring a patient, tell him to file it away. It may prove to be valuable to the man who succeeds you.

Frank C. Metzger, M.D.
Tampa, Fla.

The Watch that Aimed at the Stars

Strictly speaking, precision time is the time of the stars. No watch in the world can match its perfection.

Gruen has tried to come as close to it as is humanly possible. In fact, Gruen is the one watch permitted to carry the trademark "Precision." Behind this trademark lie 70 years of craftsmanship and revolutionary departures in design like the Gruen Curvex, a watch so different it is protected by a patent until 1959!

For the utmost in precision and style, see the new Gruen Watches. Ask your Gruen jeweler for the patented Gruen Curvex or the equally famous patented Gruen Veri-Thin.

While we have been manufacturing large quantities of vital precision instruments for war, we also continue to produce fine Gruen Watches for civilian use . . . but of course the demand for these watches far exceeds production possibilities today.

Illustrated above—CURVEX† COLLEGIAN, 17-jewel Precision movement, pink or yellow gold-filled case, $55.00 (Federal Tax included).

Gruen Watches from $29.75 to $230; with precious stones to $4,000. The Gruen Watch Company, Time Hill, Cincinnati, Ohio, U.S.A. In Canada: Toronto, Ont.

GRUEN
THE PRECISION WATCH

BUY A GRUEN WATCH
BUT BUY A WAR BOND FIRST

GRUEN . . . MAKERS OF THE PRECISION WATCH . . . AMERICA'S CHOICE SINCE 1874

A Rational, Time-Proven Sy

EFFECTIVE treatment of chronic arthritis perforce must aim at correction of systemic as well as joint involvements.

Darthron, the fruit of years of clinical observation, is compounded especially for this purpose. In a single capsule it supplies massive dosage vitamin D plus adequate amounts of the other vitamins needed for optimal improvement in chronic arthritis.

The antiarthritic value of vitamin D in maximal tolerated dosage is well established.[1,2,3,4,5] When this mode of therapy was first discovered, many of the other vitamins were still unknown. The more recent studies emphatically stress their importance in antiarthritic management.[6,7,8]

SYSTEMIC INVOLVEMENT

- Loss of weight
- Weakness
- Fatigability
- Anemia
- Neuritis
- Gastrointestinal disturbances
- Liver dysfunction
- Impaired carbohydrate metabolism
- Early arteriosclerosis

1 Reed, C. I., Streck, H. C., and Steck, T. E.: Vitamin D. Chemistry, Physiology, Pharmacology, Pathology, Experimental and Clinical Investigation, Chicago, University of Chicago Press, 1939, p. 310.

2 Livingston, S. K.: Vitamin D and Fever Therapy in Chronic Arthritis, Arch. Phys. Therapy 17:704 (Nov.) 1936.

3 Farley, R. T.: Management of Arthritis, Illinois M. J. 71:74 (Jan.) 1937.

4 Farley, R. T., Sterling, H. F., and Kraines, S. H.: Five-Year Study of Arthritic Patients; Laboratory and Clinical Observations, Indust. Med. 10:341 (Aug.) 1941.

5 Snyder, R. G., and Squires, W. H.: A Preliminary Report on Activated Ergosterol; Form of High Dosage Vitamin D in Treatment of Chronic Arthritis, New York State J. Med. 40:708 (May 1) 1940.

6 Snyder, R. G.; Squires, W. H.; Forster, J. W.; Traeger, C. H., and Wagner, L. C.: The Treatment of Two Hundred Cases of Chronic Arthritis, Indust. Med. 7:295 (July) 1942.

7 Snyder, R. G.; Squires, W. H., and Forster, J. W.: A Six-Year Study of Arthritis Therapy, Indust. Med. 12:291 (May) 1943.

8 Levinthal, D. H.; Logan, C. E.; Kelly, K. H., and Fishbein, W. I.: Practical Management of Arthritis, Medical and Orthopedic, Indust. Med. 13:377 (May) 1944.

A Systemic Approach to Arthritis

Each capsule of Darthron presents vitamin D, 50,000 U.S.P. units; vitamin A, 5000 U.S.P. units; ascorbic acid, 50 mg.; thiamine hydrochloride, 2 mg.; riboflavin, 1 mg.; pyridoxine hydrochloride, 0.1 mg.; calcium pantothenate, 0.333 mg.; niacinamide, 10 mg.; mixed natural tocopherols, 3.4 mg.

RATIONALE OF DARTHRON FORMULA

Vitamin A increases the tolerance for massive dosage of vitamin D. ***Vitamin A*** deficiency in the blood of rheumatic patients has been reported.

Ascorbic acid (Vitamin C) is essential for the normal development of intercellular material of connective tissue. Deficiency produces weakness, hemorrhage due to decreased cohesion of vascular endothelium, osteoporosis of bone, delayed wound healing.

Thiamine is essential for the physiologic activity of all tissues because of its role in carbohydrate metabolism. Deficiency causes weakness, loss of weight, fatigue, neuritis, gastrointestinal disturbances and impaired carbohydrate metabolism.

Riboflavin combines with phosphoric acid to form an oxidation enzyme essential for carbohydrate metabolism.

Pyridoxine plays a role in the utilization of unsaturated fatty acids and in hemopoiesis. It is effective in combating hypochromic anemia, nervousness, weakness, difficulty in walking, and insomnia.

Calcium Pantothenate has been reported to be essential in maintaining the integrity of the central nervous system and the endocrine glands.

Niacinamide is an integral part of the coenzymase molecule essential in fermentation, glycolysis, and respiration. Specific in the pellagrous symptoms of dermatitis, in psychotic affections, and intestinal dysfunction.

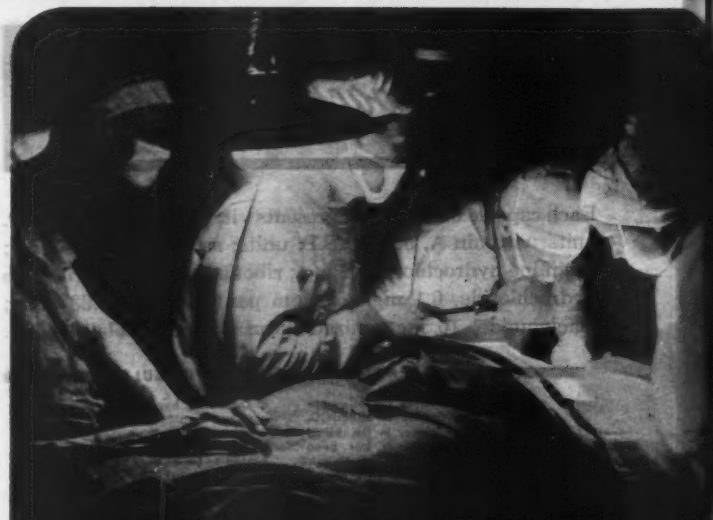
Mixed Natural Tocopherols (Vitamin E) have been found useful in neuromuscular disorders and primary fibrositis.

Many of these conditions are commonly encountered in the chronic arthritic.

Physicians are invited to send for comprehensive literature and samples.

F. B. ROEHR & COMPANY

DARTHRON *for the Arthritic*



Charred in the hell-fires of Dunkirk... Soaked in sea water ...Their Burns were dressed with PETROLEUM JELLY.

'VASELINE' PETROLEUM JELLY IS PETROLATUM U.S.P.

● Burned by flash and incendiary fires at Dunkirk, men, exhausted from five nights and days without sleep, lay on the sand, the sea lapping their burns until help came . . . and hospitalization.

Yet they did "well"—is the report in a well-known British medical journal[1], describing the use of simple dressings of gauze with petroleum jelly on the deeper wounds, after preliminary measures had been concluded.

These gauze and petroleum jelly dressings were left untouched for a fortnight, it is reported[1], because nothing was to be gained by daily dressing.

In the experience of the observer[1], no proprietary preparations showed any advantage over the simple petroleum jelly dressings used.

'Vaseline' Petroleum Jelly offers the physician simple, prompt first aid treatment for the burn surface and a satisfactory dressing later for deeper burns. Available in jars and tubes. 'Vaseline' Borated Petroleum Jelly in tubes only.

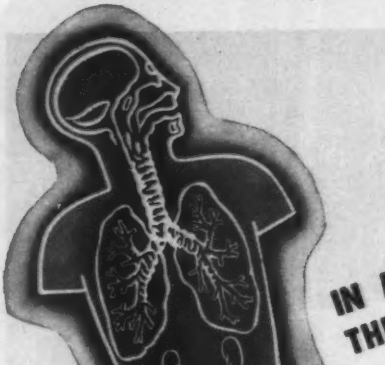
Vaseline

REG. U. S. PAT. OFF.

PETROLEUM JELLY

MANUFACTURED ONLY BY CHESEBROUGH MFG. CO., CONS'D, NEW YORK, N.Y.

1. Brit. Med. Jr. 2:251 (Aug. 24) 1940



IN MUCOUS MEMBRANE THERAPY ARGYROL IS DIFFERENT

the DIFFERENCE — no irritation, no toxicity

the EXTRA FACTOR — physiologic stimulation of tissue defense function

NOT ONLY CONTRA-INFECTIVE

ARGYROL not only effects bacteriostasis without injury to tissue, it also produces decongestion without artificial vasoconstriction.

NOT ONLY CONTRA-CONGESTIVE

But there is a plus factor in decongestion and antisepsis with ARGYROL. This is physiologic stimulation of mucous membrane defense function. ARGYROL is stimulating to circulation, glands, tissues; soothing to nerve ends.

SAFE, NON-IRRITATING, EFFECTIVE

In 41 years of medical use of ARGYROL no case of toxicity, irritation, injury to cilia, or pulmonary complication in human beings has been described. Published independent pharmaceutical and medical surveys show that ARGYROL is by far the most widely prescribed drug for its indicated uses.

To insure your results, when you order or prescribe, please insist on the "ORIGINAL ARGYROL PACKAGE."

MADE ONLY BY THE A. C. BARNES COMPANY, NEW BRUNSWICK, N. J.

ARGYROL DETERGENT · PROTECTIVE · PUS-DISLODGING
INFLAMMATION DISPELLING · SOOTHING
STIMULATING TO GLANDS, TISSUE

("ARGYROL" is a registered trade mark, the property of A. C. Barnes Company)

Sidelights

Moseying around in a welter of statistics on alcoholism we happened on a curious set of figures: the "apparent" per capita consumption of alcohol, by states, as of 1940. Wettest spot in the country according to the compilation is—of all places—the District of Columbia, with 2.82 gallons of absolute alcohol consumed annually per capita. Driest: Mississippi, with .07 gallons. The national average: 1.15 gallons.

Our candidate for Medical-Man-of-the-Month is Dr. John B. Boling, of Florida. With many another top-drawer physician, Dr. Boling went to Washington to give Senator Pepper & Committee his considered opinion as to what is and what isn't needed in U.S. health lawmaking.

Dr. Boling read a prepared statement. But Senator Pepper suddenly asked him if he thought he could define, in general terms, "just what the medical profession means when it says that it doesn't want socialized medicine."

Whereupon Dr. Boling, we are happy to report, figuratively tossed his statement into the nearest wastebasket and chalked up a bullseye for all to see:

"Let me state, first," he said, "what we feel the *Federal Government* means by socialized medicine. We feel that the Government is pointed toward taking over the practice of medicine. It is strange that the same group of people who say that this is the finest medical profession in the world and that we have progressed beyond any other nation will, in the same breath, lead you to believe the medical profession is floundering in a condition of chaos, without adequate mentality to see what is wise and necessary for the people. The people who have brought the profession to the state it is in are the same people who will provide for the public in the future!

"The government gives no one anything. You see, I pay and I receive, but the Government doesn't give it to me."

From Senator Pepper, who saw: no comment.

It is not generally realized how sharply charity contributions reflect themselves in a downward scaling of income tax payments. For example, a physician with $10,000 taxable income (after personal exemptions) would find that a $500 contribution lowers his return by approximately $170. Reason: His highest $2,000 of taxable income puts him in the 34 per cent normal tax and surtax bracket, and it is from this that the $500 contribution comes. So his $500 gift to to charity costs him about $330.

The following table indicates the approximate cost of charity contributions in various brackets. It is

based on net income after personal exemption and other deductible items.

Net Income	Net Cost of $100 Contribution
Up to $2,000	$81
" " 4,000	78
" " 7,500	70
" " 10,000	66
" " 15,000	54
" " 20,000	48
" " 25,000	42

Generally, charitable contributions are defined as those made to nonpartisan organizations with charitable, educational, religious, or scientfic objectives. Such organizations include medical societies, churches, schools, colleges, hospitals, the Red Cross, the USO, etc. They do not include political parties, lobbies, or other groups primarily engaged in trying to affect legislation. Neither are contributions to needy individuals deductible, no matter how meritorious the case.

The highest estimate we have seen of average physician income under the Wagner-Murray-Dingell bill is $5,000 a year—for full-time home, office, and hospital practice. Now, along comes the Medical-Surgical Plan of New Jersey, basing its estimates on its experience in July 1944. It says that if 4,000,000 New Jerseyites were enrolled in the state plan, and cared for by New Jersey's 4,500 physicians, average physician income per year for services rendered *in hospitals* would be $7,032. For other comparative figures, note the average income of U.S. physicians as determined by the Fifth MEDICAL ECONOMICS Survey, elsewhere in this issue.

BE READY

WHEN UNCLE SAM CHECKS YOUR BOOKS

HISTACOUNT BOOKKEEPING SYSTEM

Reg. U. S. Pat. Office

Banish bookkeeping drudgery; make it a pleasant task instead. Eliminate tax worries, last minute rushes, doubts and guesses and overpayments. Get complete daily, cumulative figures; know your income and expenses, all about taxes, depreciation deductible items, financial and other reports. Only a few minutes a day with simple, easy, non-technical "Histacount" bookkeeping system. No bookkeeping knowledge whatsoever is needed. Saves time, money, worry. Meets all government requirements.

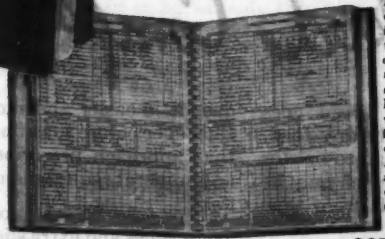
Loose-Leaf or Plastic-Bound

$6.75

Less than 2c a day

WARNING

With taxation, social security, withholding taxes and many other government regulations what they are, a bookkeeping system is, of necessity, a very important part of your practice. Don't buy and tie yourself to ANY system without first seeing and comparing it with others. "Histacount" is available ON APPROVAL for just that purpose. We urge and invite comparisons. Don't judge by ads; they all SOUND good. There is only one system that was devised by Certified Public Accountants, in collaboration with experts in the record-making field, and based upon the true needs of doctors. That system is "Histacount". And that's why "Histacount" is, far and away, the most efficient and complete, yet thoroughly simple system for all doctors.



COMPARE BEFORE BUYING

Get "Histacount". Compare it with ANY other system for contents, accomplishments, practicability, appearance, durability, price, etc. When doctors do this it is a fact that 100 out of 100 choose "Histacount".

IMPLE AS A, B, C — AS COMPLETE AS A to Z

e simple records make up the "Histacount" book-ing system. They give all the financial facts of a ice at all times TO DATE. Income tax figures are able automatically. There are forms for Social rity and Withholding Taxes. A set of forms with le entries show you how to use it.

STYLES, LOOSE-LEAF OR PLASTIC-BOUND

tacount" includes 365 daily pages, 12 monthly and yearly summary sheets; social security and with-ing tax forms; complete instructions; 400 pages ll! Extra-heavy, stiff, durable binding, gold-ped. Loose-leaf or plastic-bound. Both priced at . Refills for loose-leaf style are $3.35 a year.

PROFESSIONAL PRINTING COMPANY, INC.

AMERICA'S LARGEST PRINTERS to the PROFESSION

SERVING OVER 50,000 DOCTORS

PROFESSIONAL PRINTING CO., Inc.
151(A) EAST 22ND ST., NEW YORK 10, N. Y.

Gentlemen: Send me on approval:

☐ Loose-Leaf "Histacount" System

☐ Plastic-Bound "Histacount" System

Enclosed herewith is ☐ Check; ☐ Money Order; in the amount of $6.75 in full payment. ☐ Send C.O.D.

SENT ON APPROVAL

IT IS UNDERSTOOD THAT IF, FOR ANY REASON, I RETURN THIS SYSTEM IN GOOD CONDITION WITHIN 20 DAYS AFTER I RECEIVE IT, YOU WILL REFUND ME $6.75 AT ONCE.

Name .....

Address .....

City & State .....

The Good Companion

TRADITIONALLY, bread goes well with practically any food. So it is natural for bread to bolster up the wartime diet, which may be shy of important foods from time to time.

Nutritionally, bread is a food for energy, protein and protective factors. The first two characteristics have long been recognized. And now specifications, agreed to by the Baking Industry and government nutrition authorities, call for enrichment of all white bread with vitamin and mineral factors—thiamine, riboflavin, niacin and iron in significant amounts.

In fact, with the better protective bread of today, it is easier and more natural than ever before to eat normal diets that approach prescribed vitamin and mineral requirements.

That is why present popularity of sandwiches and extra slices of bread with otherwise skimpy wartime meals need not dismay the physician. Bread has kept pace with recent discoveries in biochemistry and nutrition.

Bread *is basic*

This is one of a series of messages run in the interests of the Bakers of America, by the makers of Fleischmann's Yeast.

An Enriched Cereal that Helps to Balance the Infant Diet

Too often, the intake of iron and thiamine in the infant diet is undesirably low. The use of Gerber's Strained Oatmeal as a supplement to milk or formula helps remedy this deficiency because this cereal is enriched with iron and thiamine.

Gerber's Strained Oatmeal was developed by qualified infant nutritionists to meet the five essential requirements of a good cereal for babies.

1. ***Nutritional Value.*** **This cereal is enriched with vitamins of the B complex as well as iron. An ounce will supply a generous intake of iron as well as a sufficient amount of thiamine for normal infants.**
2. ***Low Fibre Content.*** **Gerber's Strained Oatmeal is processed to be suitable for the delicate intestinal tract of infants as young as three or four weeks old. The percentage of fibre present in the dry cereal is low. When mixed with milk, it is even lower.**
3. ***Smooth Consistency.*** **When infants are first given cereal, consistency is very important. Gerber's Strained Oatmeal has been developed to mix to a smooth, creamy consistency.**
4. ***Appetizing Taste.*** **The taste of Gerber's Strained Oatmeal is unusually pleasing. Infants appreciate that good flavor as they grow older!**
5. ***Easy to Serve.*** **Gerber's Strained Oatmeal is precooked. Simply add hot or cold milk or formula to secure the consistency desired.**

IRON AND THIAMINE VALUES OF GERBER'S STRAINED OATMEAL

	Thiamine mg.	Iron mg.
Minimum daily requirement for infants..	0.25	(not established)
Recommended allowance.....	0.40	6.0
One ounce Gerber's Strained Oatmeal....	0.42	11.7

Gerber's Strained Oatmeal: 109 Calories per ounce.

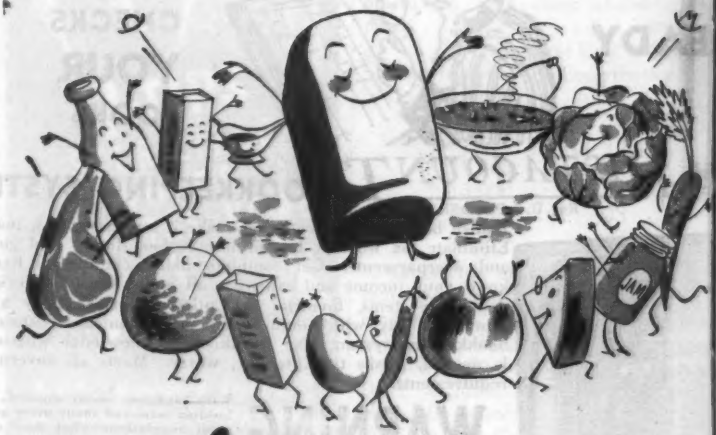
Gerber's
Baby Foods
Cereals
Strained Foods Chopped Foods

GERBER PRODUCTS COMPANY
Dept. 2212, Fremont, Mich.
Gentlemen: Kindly send a complimentary sample of Gerber's Strained Oatmeal and a Professional Reference Card to the following address:

Name.....

Address.....

City.....State.....



The Good Companion

TRADITIONALLY, bread goes well with practically any food. So it is natural for bread to bolster up the wartime diet, which may be shy of important foods from time to time.

Nutritionally, bread is a food for energy, protein and protective factors. The first two characteristics have long been recognized. And now specifications, agreed to by the Baking Industry and government nutrition authorities, call for enrichment of all white bread with vitamin and mineral factors—thiamine, riboflavin, niacin and iron in significant amounts.

In fact, with the better protective bread of today, it is easier and more natural than ever before to eat normal diets that approach prescribed vitamin and mineral requirements.

That is why present popularity of sandwiches and extra slices of bread with otherwise skimpy wartime meals need not dismay the physician. Bread has kept pace with recent discoveries in biochemistry and nutrition.

Bread *is basic*

This is one of a series of messages run in the interests of the Bakers of America, by the makers of Fleischmann's Yeast.

An Enriched Cereal that Helps to Balance the Infant Diet

Too often, the intake of iron and thiamine in the infant diet is undesirably low. The use of Gerber's Strained Oatmeal as a supplement to milk or formula helps remedy this deficiency because this cereal is enriched with iron and thiamine.

Gerber's Strained Oatmeal was developed by qualified infant nutritionists to meet the five essential requirements of a good cereal for babies.

1. ***Nutritional Value.*** **This cereal is enriched with vitamins of the B complex as well as iron. An ounce will supply a generous intake of iron as well as a sufficient amount of thiamine for normal infants.**
2. ***Low Fibre Content.*** **Gerber's Strained Oatmeal is processed to be suitable for the delicate intestinal tract of infants as young as three or four weeks old. The percentage of fibre present in the dry cereal is low. When mixed with milk, it is even lower.**
3. ***Smooth Consistency.*** **When infants are first given cereal, consistency is very important. Gerber's Strained Oatmeal has been developed to mix to a smooth, creamy consistency.**
4. ***Appetizing Taste.*** **The taste of Gerber's Strained Oatmeal is unusually pleasing. Infants appreciate that good flavor as they grow older!**
5. ***Easy to Serve.*** **Gerber's Strained Oatmeal is precooked. Simply add hot or cold milk or formula to secure the consistency desired.**

IRON AND THIAMINE VALUES OF GERBER'S STRAINED OATMEAL

	Thiamine mg.	Iron mg.
Minimum daily requirement for infants..	0.25	(not established)
Recommended allowance.....	0.40	6.0
One ounce Gerber's Strained Oatmeal....	0.42	11.7

Gerber's Strained Oatmeal: 109 Calories per ounce.

Gerber's
Baby Foods
Cereals
Strained Foods Chopped Foods

GERBER PRODUCTS COMPANY
Dept. 2212, Fremont, Mich.
Gentlemen: Kindly send a complimentary sample of Gerber's Strained Oatmeal and a Professional Reference Card to the following address:

Name.....

Address.....

City..... State.....

NOW—A DEODORIZING PLASTER BANDAGE*

Bauer & Black is pleased to announce another Curity "first"... the Curity Deodorizing Bandage. Now for the first time, a clinically tested, plaster bandage is available which solves the problem of offensive odor in the closed plaster treatment of compound fractures, osteomyelitis and extensive burns and wounds.

The Deodorizing Bandage accomplishes this radical improvement, not by masking or oxidizing the odor, but by acting on the principle of the gas mask to *adsorb* it. Deodorizing casts relieve the hospital of the inconvenience of isolating patients undergoing the Orr-Trueta treatment, and remove the most frequent cause of interrupting the casting period. Yet they interfere in no way with the wound or its surgical treatment.

*Pat. Applied For

The Deodorizing Bandage makes a cooler, more porous cast, permits greater aeration, absorbs more wound drainages.

STRONGER CASTS.. SAFER IMMOBILIZATION

In addition to Deodorizing Bandages, the new line offers Curity Ostic Plaster Bandages and Splints, which give speedy and greater initial and final strength, safer and more positive immobilization. These materials wet out in three to four seconds, set in about seven minutes—save valuable time for doctors and nurses. Plaster loss is minimized, fewer bandages per cast are used, finished casts are more durable.

With these important improvements, the Curity Ostic Plaster Line brings you another Bauer & Black aid to better patient care.

Products of
BAUER & BLACK
Division of The Kendall Company, Chicago 16

RESEARCH TO IMPROVE TECHNIC...TO REDUCE COST

Curity
REG. U.S. PAT. OFF.

Editorial

Relocating the Demobilized Doctor

We've heard a lot about postgraduate training of discharged medical officers, but not much about plans for their relocation. Actually, few such plans have been made. And few will—unless the urgency of the need is brought home.

And it *is* urgent.

About 100,000 civilian physicians are now in active practice. M.D.'s in the armed forces total about 60,000. If 50,000 are discharged after the war, a community that now supports ten doctors may then have to support fifteen. True, a number of civilian M.D.'s will retire soon after the fighting stops; but the accelerated output of medical school graduates will have been an important offsetting factor.

Consider, too, that the 50 per cent postwar increase in private physicians is only a rough average. Many towns will see their number of doctors more than double. The effects of the resulting scramble are not hard to visualize.

Doctor distribution in the U.S. has always been uneven. After the war, it can be a lot better—if corrective measures are taken promptly.

It is not enough for the AMA to set up a bureau so that now and then when someone writes in to say his town would like another doctor the name of the place can be placed on file. This approach is too passive, too limited. What's more, unsolicited inquiries are not always trustworthy. They may come from persons who dislike a physician and want to injure his practice.

Two types of information should be supplied the location-seeker: (1) *facts* about the population of the town, its number of active doctors, their specialties, the economic status of the people, hospital facilities, and living conditions; (2) *opinion* as to the need for another doctor, the local competitive situation, and other pros and cons.

Facts may not be too hard to get. But unprejudiced *opinion* is. Ask an intelligent layman whether his town can support another physician and he probably won't know. Ask a local doctor and, for purely human reasons, unless the need is overwhelming, he may not even admit it exists.

Where, then, to get sound opinion?

Relocation committees organized by local medical societies might speak frankly. Certainly, experimentation with such committees seems worth the effort. Their planning could be coordinated through a national council that would serve also as an information clearing house. And whatever service they might set up should be well publicized.

Some such start on the relocation problem must be made quickly.

—H. SHERIDAN BAKETEL, M.D.

Pepper's Prescription for Physician and Public

Remarks at hearings are tipoff on national health legislation

Senator Claude Pepper (D. Fla.) has been conducting the hearings of the Senate Subcommittee on Wartime Health and Education from which will come recommendations for national health legislation intended to take the place of the Wagner-Murray-Dingell bill.

While Chairman Pepper has reassured physicians with the statement that "I've been trying to find a cooperative way of solving our medical care problem," there is no doubt about his determination to get action of some kind on a national health program. "I am going to make a speech at least once a week on the floor of the Senate until something is done," he declared not long ago.

The Senator's personal views are important because they will undoubtedly influence the recommendations of the committee. He has interjected these views into the testimony at some length, as reported in November MEDICAL ECONOMICS. Following is a further condensation of some of his remarks during the hearings reported in this and last month's issues.

Senator Pepper: We have enough statistical data. The thing now is to get something done. Almost everyone agrees that some public authority should provide for the indigent class, the needy. And, of course, those who have ample means to provide for themselves are no problem. But when we get into the question of providing for the masses of people who are between the upper and nether groups, we get into wide differences of opinion.

Would it not be helpful if Congress, instead of trying to write into the law a particular medical system —thereby raising all this bitter controversy—were to provide, instead, a blanket system under the supervision of the Public Health Service which could match dollar for dollar any funds that state and local governments might be willing to spend on Government-approved investments in public health? In that way the various communities and states could experiment with publicly owned institutions.

We now need counsel as to the method by which we might make, at the earliest time, a practical beginning. The Wagner-Murray-Dingell bill is pending, of course. But I dare say that practical legislators recognize the difficulties in the immediate enactment of this law, because there is still much controversy as to whether we want the compulsory principle.

I was wondering if our committee might recommend to Congress that,

instead of trying to settle all this beforehand, we should just set up an adequate matching system. The law doesn't, so far, allow us to do that. The other day we authorized the Public Health Service to spend certain money in helping research, but Congress wouldn't include the rendition of medical and hospital care. "Oh, no," they said, "that would be socialized medicine. You don't want to do that."

Now, if we were to match dollar for dollar in construction, that might be a way of getting started. Also, the Federal Government is soon going to have available a lot of surplus equipment, and the law provides that, on either a lease or a sale basis, those facilities the Veterans Administration doesn't want may be made available to political subdivisions of the several states.

A state might set up a committee to make plans for providing health services to its citizens. Let's suppose that a given county or town or person decided to establish a cooperative that would provide free medical care. (I don't favor limited coverage.) And suppose it applied to the state for assistance. It might say, "We can do this if you give us a subsidy. First, we will probably have to ask you and the Federal Government to build a structure for us, and maybe equip it. We can operate it for a dollar or two per month per person. We will assure you a minimum of a thousand persons."

Now suppose, in matching dollar for dollar, we include a provision for subsidies to all voluntary systems. Assume that we get these voluntary systems going, with full coverage, and that a family living in one house is getting all its medical care for a few dollars a month. If the family next door has to go into debt up to four or five hundred dollars for an operation, ordinary human intelligence and experience will bring the second family into the membership pretty soon.

What I am not quite clear about is the construction of facilities where they are needed. To what extent should the Federal Government enter into the cost of that construction? Would it be too much, for example, if the Government said, "We will build a building and you equip it," or "You furnish the land and we will construct the building"?

What I have been trying to find is some way we can launch a program, with the Government helping very heavily by offering an incentive to the local subdivisions to match Federal money. I have been trying to find some way for our committee to make certain proposals to the Senate, without the Senators immediately saying: "Oh, we can't do that. That is going to mean socializing medicine." I wish we could get an adequate approach to the problem that the profession and the Government could agree upon.

I had a questionnaire here last year from a group of doctors in my state asking me if I would leave exclusively to the medical profession all matters pertaining to the public health. I wrote back "No." I said I thought the representatives of the people were entitled to express themselves about it. On the other hand, if anyone started out to formulate a program without the cooperation of the profession, he, too, would be doing a vain and foolish thing.

Couldn't we start by authorizing, through the Congress, the appropriation of funds—to be distributed

by the Public Health Service or by a new Department of Health and Welfare, the latter to be given Cabinet status?

Suppose we simply authorized the matching of funds put up by states or local subdivisions—in furtherance of plans proposed by the states and approved by the Federal Government, giving the states wide latitude in the organization of these plans. The money would be used for the construction, equipment, or operation of institutions for medical care. This would include clinics and research, and all that sort of thing. By experimentation generally, we'd come to a pretty general idea about what is the best plan.

I don't favor any plan that contemplates the Government taking over the whole thing, determining every detail of it, and directing everything that is done.

On the other hand, in the provision of clinics for critical areas, in the establishment of health centers, and in the building of greater research centers, the money must come from somewhere.

"He says it's a laboratory and he's working on the common cold."

The Physicians' Liability in Sulfonamide Deaths

Precedent in other drug fatalities indicates doctor is protected

The physician told me the facts in the case: A patient suffering from Vincent's angina had died following sulfanilamide administration. The doctor had prescribed what he believed to be a proper dosage—two grains three times daily. The third dose had proved fatal. The patient's family had refused to permit an autopsy, were now planning to enter suit for malpractice. What were the medical man's chances of successfully defending himself?

My client reminded me that death occasionally occurs in such cases; that toxicity is difficult to control if a patient is hypersensitive to the drug; and that such a condition cannot, as a rule, be predetermined in a patient who has never had sulfa therapy. "In some cases," he added, "death has followed the administration of two grains of a sulfonamide, while in other cases as much as forty grains per dose has been given without any harmful effect."

"What precautions do you feel a physician should take to prevent such deaths?" I asked.

▶ The author, Maxwell M. Booxbaum, M.D., LL.B., is a practicing New York attorney as well as a member of the medical profession.

"I know of no precaution in the case of a patient whose hypersensitivity is unknown," the physician replied. "Of course, if the drug is administered over a period of time, the doctor can watch the patient's reaction and reduce the dosage or stop it altogether."

Some time later, after studying the facts and seeking precedents, I invited my client to my office and reported that I had been unable to find a single instance wherein a higher court had handed down an opinion construing as malpractice the administration of a sulfa drug. No such case had yet reached an appeals court, I added.

The following conversation then took place:

Physician: "Does this mean that I have little chance of successfully defending myself?"

Attorney; "Not at all. I believe I can show you—by analogy—that a successful defense is possible. Numerous opinions in other cases are on record—cases concerning the administration of anesthetics; and I believe these opinions would apply under the law to sulfa drugs."

P: "Tell me about some of them."

A: "Actions have been brought in a number of states following sudden death from the use of novocain. The courts have invariably held the

doctor blameless where it was believed that the patient had a special sensitivity to the drug. Justice Cardoza of the Supreme Court once ruled that 'where a dire result so tragically out of proportion to its trivial cause was something unforeseen, unexpected, extraordinary, and an unlooked-for mishap . . . it must be construed as an accident.' "

P: "In other words, when neither the doctor nor the patient is aware of this hypersensitivity, and when the drug is one that is in common use every day in thousands of hospitals, the doctor cannot be held liable?"

A: "That's the way it has worked out in almost every state. However, let me point out that many an insurance beneficiary has been able to collect double indemnity as the result of such a death, when a court has ruled that the death was accidental."

P: "Was it brought out in such insurance cases that the doctor was obsolutely blameless?"

A: "Yes. It was shown that novocain ordinarily is harmless; that it proved fatal only because of the patients' hypersensitivity to it. The physicians who administered the drug were in complete ignorance of this hypersensitivity; hence the effect could not be foreseen. One patient's death was described, in the words of the court, as 'unexpected and unusual.' "

P: "And you say there are numerous such decisions on record?"

A: "That's right. There's another novocain case—almost identical—on record in Minnesota. A similar decision in Illinois involved the use of ether. Another, in Michigan, resulted from the use of nupercain. A court in Utah allowed double indemnity when accidental death resulted from a spinal injection of novocain. And some jurisdictions have even held that death caused by the administration of nitrous oxide gas was accidental."

P: "Have most decisions been favorable to the doctors?"

A: "They have, indeed. True, some jurisdictions make a distinction between accidental *means* and accidental *result*. But as time goes on these jurisdictions seem to lean toward the same interpretation of the law as do courts in New York, Illinois, Minnesota, Utah, and many other states. I think I can say that the trend is quite evident by the unanimity of decisions on record."

P: "And you think, then, that the courts will follow the same line of reasoning about the use of sulfa?"

A: "I certainly do. It seems to me that hypersensitivity to a sulfa drug is identical with hypersensitivity to novocain, insofar as the law is concerned. That's why I believe you can successfully defend that malpractice suit."

—MAXWELL M. BOOXBAUM, M.D.

Baby Talk

The youngster stopped me in the hospital lobby. "Are you the man that brings babies?" he asked. I told him I was. "How much do they cost?" he inquired. "Well," I replied, "for a really nice one, I'd have to charge you ten cents." He thought it over a moment, then said, "Couldn't you sell me a little tiny one for a nickel?"

—LEO LEINWAND, M.D.

How Wartime Medical Surpluses Will Be Disposed Of by U.S.

Government agencies and hospitals expected to get first choice

Plans last month for disposal of Government surpluses of almost every medical necessity, from aspirin tablets to completely equipped hospitals, were still in the formative stage. How the individual physician would be affected by them was anybody's guess. Nobody in Washington could say definitely what would be done, either during or after demobilization, with the vast medical surpluses accumulated by the Army and Navy. But broad indications made these forecasts possible:

1. The Veterans Bureau and the U.S. Public Health Service are likely to enjoy mighty windfalls.

2. Nonprofit hospitals may save a lot of money on postwar supplies.

3. The pharmaceutical and surgical supply trades may find themselves facing stiff sales competition.

Disposal of *all* leftovers is subject to limitations set forth in the recently enacted Surplus Property Act, signed by President Roosevelt "with considerable reluctance." Administration will be through a three-man, policy-making board. Amendments to the act, already being urged are expected to be passed.

Meanwhile, the Veterans Bureau stands to become No. 1 beneficiary. Under the G.I. Bill of Rights, this agency can obtain Government-owned medical supplies even before they are declared surplus, and without transfer of funds. Moreover, it hopes to acquire most of those Army-Navy hospitals that will be surplus property after the war.

Possible No. 2 beneficiary is the U.S. Public Health Service, which is reported to be angling for a position that would, in effect, put it on equal footing with the Veterans Bureau.

PHS spokesmen have pointed out that some surplus drugs will have lost their potency by disposal time; that inasmuch as many of these were acquired after PHS approval, they should not be disposed of without re-testing by the same agency lest public health be endangered. The PHS thus hopes to become the authorized distributing agency for great quantities of supplies.

The agency is also said to consider itself best able to funnel medical surpluses into the hands of local and state health departments—not to mention any rural hospital system it might have a part in creating in postwar years. In addition, it believes that its job of relocating physicians would be expedited through PHS allocation of surplus medical supplies. For one of the chief obstacles to rural practice, it points out, has been the lack of modern hospital equipment in rural areas.

The Surplus Property Act pro-

vides that Government agencies be given priority in obtaining surpluses (by transfer from owning agencies). Likewise on the priority list—among others—are all non-profit hospitals. Thus, upward of 95 per cent of the country's health institutions (including *all* tax-supported ones) would be eligible to take direct advantage of disposal prices, which presumably will be favorable. They may also benefit by whatever handouts the policy-making board may authorize, for the latter can *lease* as well as sell.

The "others" to whom priorities are to be accorded (not necessarily for medical supplies) include charitable and non-profit educational institutions, political subdivisions, small business men, and demobilized veterans.

As might be expected, the pharmaceutical and surgical supply trades are worried about Government competition. But not all manufacturers and dealers are pessimistic; says one: "Hospitals operate on a budget, and they'll continue to do so. Hence, my feeling is that if the Government gives a hospital certain equipment and supplies, money will thus be diverted to the purchase of other things."

Another points out that any possibility of rural hospitals receiving Government handouts of supplies probably would not injure the trade seriously—inasmuch as such hospitals are not, as a rule, large buyers.

Despite such thinking here and there, the surgical supply and drug industries, as well as other businesses, are generally apprehensive about the over-all effects of the law.

Month-end inventories as of August 1944, offer some clue as to the dollar value involved. Medical surpluses at that time totaled more than $7 million worth of drugs, nearly $8½ million worth of other surgical and medical supplies.

Obviously, the policy-making board has no easy road ahead. Medical supplies will be but a drop in the over-all disposal of what has been estimated at $100 billion worth of surpluses of all kinds. The decisions of the board may profoundly affect our national prosperity, some economists believe, for if markets are suddenly glutted, reconversion and reemployment can be seriously delayed, trade-mark protection can be jeopardized, and the wholesale and retail business can become chaotic. It happened on a small scale after the last war; it could happen on a larger scale this time. —E. V. BJORKMAN

The Face Isn't Familiar, But—

Try as I would, I couldn't remember the patient's name when he stepped into my office. So—"Are you feeling better?" I asked. "Much better," he replied. "Would you like to see them again?" Not knowing what "they" were, I replied, nevertheless: "Why, certainly." Whereupon he displayed a truly "beautiful" set of hemorrhoids. "Oh," I exclaimed, *sotto voce*, "Mr. Gallagher!"

—E. GEORGE BEER, M.D.

Income Tax Reductions Won't Affect Your 1945 Earnings

No relief likely before 1946, despite pressure-group activities

Federal tax rates on your 1945 income will be approximately the same as those on your 1944 earnings.

Such, at least, was the clearest impression that could be gained last month in Washington, where it was agreed that the individual taxpayer could expect no relief before 1946. While wide-scale tax reduction is favored by many pressure groups, any rate reductions achieved during 1945 will, in all likelihood, be scheduled to apply to 1946 earnings.

Downward revision—it is expected—will be effected in two ways: (a) by a slight lowering of rates, and (b) by an increase in personal exemptions. (A husband and wife may be allowed $1,500 instead of the present $1,000; a single person's $500 may be upped to $750; but credit for dependents will probably remain at $500.)

Other Washington expectations:

Individual incomes, rather than corporate earnings, seem destined to become the principal source of U.S. revenue after the war.

For corporations, the 1945 outlook is somewhat brighter than for individuals. The excess-profits tax is slated for reduction, though there is every indication that it won't be rescinded. Meanwhile business can hope for no immediate cut in normal and surtax rates.

After Japan's defeat, corporations can expect the excess-profits levy to be abolished completely, with normal and surtax rates slashed by at least a third. Moreover, in the matter of depreciation and plant improvement, corporations may be allowed greater deductions in boom times than in lean years. They may also be permitted to carry loss deductions forward for a period of five or six years.

Business should benefit too, from changes in the method of levying on dividends. At present, the Government collects twice on such earnings, for both the corporation and its stockholder must report them as income.

Payroll-tax increases scheduled for 1945 under the Social Security Act (1 per cent each for employer and employe) will again be postponed. But payroll taxes will go up after the war—the rate of increase depending on how quickly social security benefits are extended by Congress.

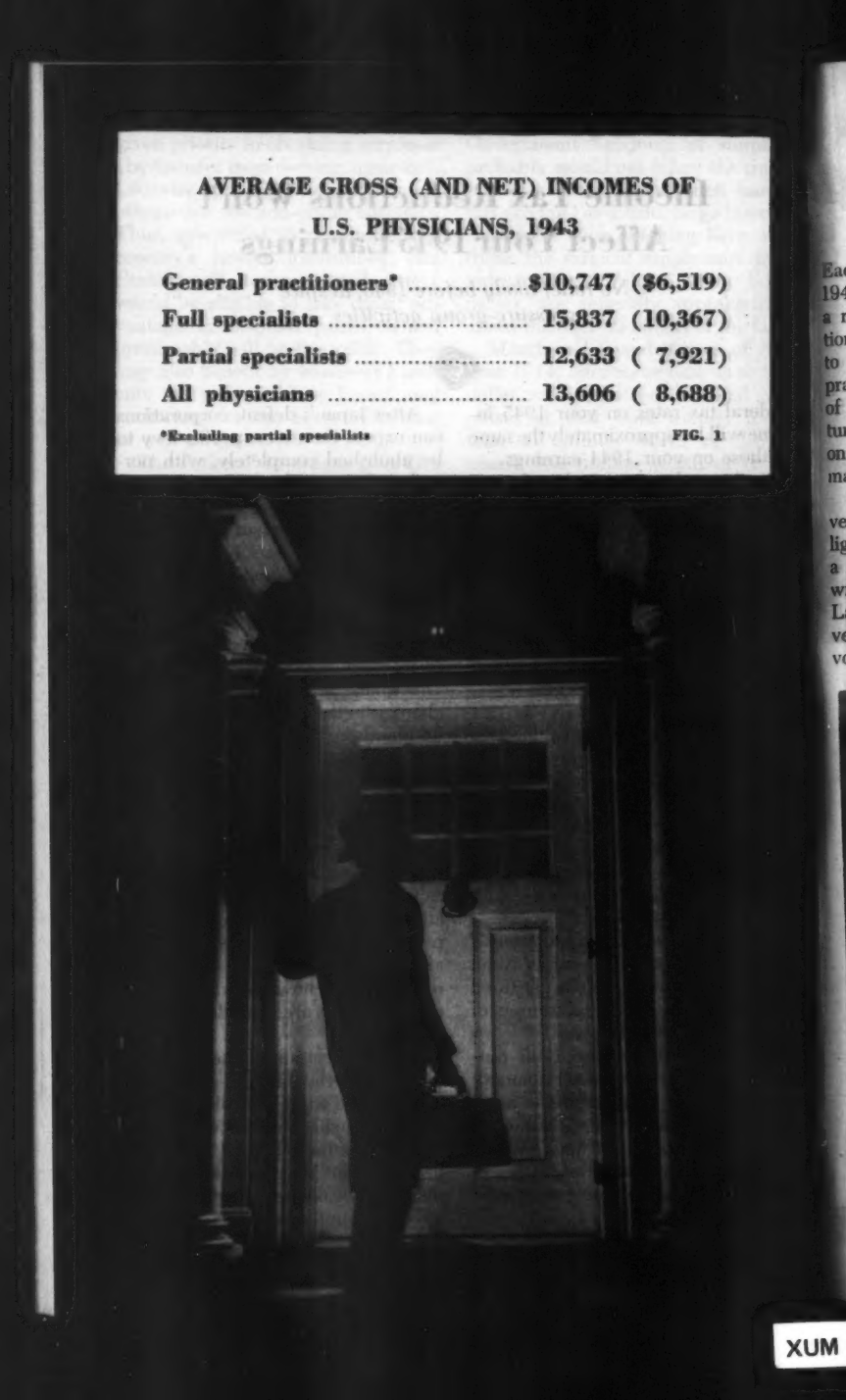
Postwar revision of the tax structure—along the lines of the Ruml-Sonne and Twin Cities plans—is still a matter of speculation. Meanwhile, these plans have helped to crystallize opinion that taxation to the point of weakening the profit motive is unsound.—DONALD L. SCHULTE

AVERAGE GROSS (AND NET) INCOMES OF U.S. PHYSICIANS, 1943

General practitioners*	$10,747	($6,519)
Full specialists	15,837	(10,367)
Partial specialists	12,633	(7,921)
All physicians	13,606	(8,688)

*Excluding partial specialists

FIG. 1



Physicians' Income

Fifth Medical Economics Survey shows how different factors affect earnings

Each of the 109,000 copies of March 1944 MEDICAL ECONOMICS contained a reply postcard inviting information on thirty-five questions relating to the business side of the doctor's practice in 1943. More than 5,000 of the cards were filled in and returned. The information set forth on them has now been coded, machine-sorted, and tabulated.

The first article based on the survey appeared last month. It highlighted the findings of the study as a whole. The second article, herewith, reports on physicians' income. Later will deal with expenses, investment in equipment, time devoted to practice study habits, etc.

MEDICAL ECONOMICS conducts an inquiry of this sort every four years or so. The present one is the first to be made among active, civilian U.S. doctors during a world war. It shows how radically their gross income from practice has changed since the outbreak of hostilities.

Returns were received from the forty-eight states. All specialties and all major age classifications and community sizes are represented. Previous studies covered the years 1939, 1935, 1930, and 1928.

To those readers who, by filling in and returning questionnaires, made this study possible, the editors extend their sincere thanks.

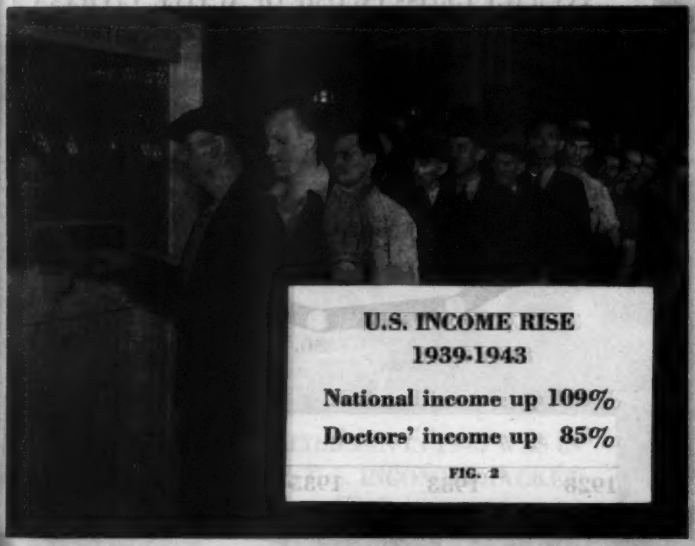


FIG. 2

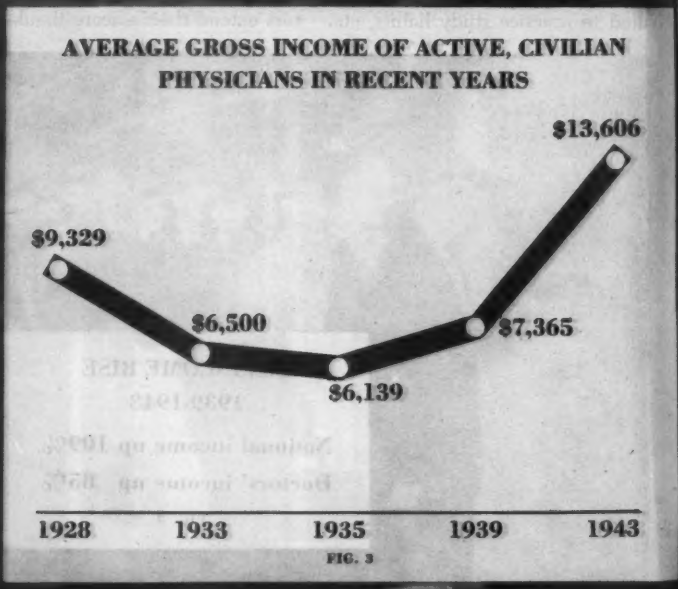

AVERAGE GROSS INCOME OF ACTIVE, CIVILIAN PHYSICIANS IN RECENT YEARS
$13,606
$9,329
$6,500
$7,365
$6,139
1928
1933
1935
1939
1943

FIG. 3

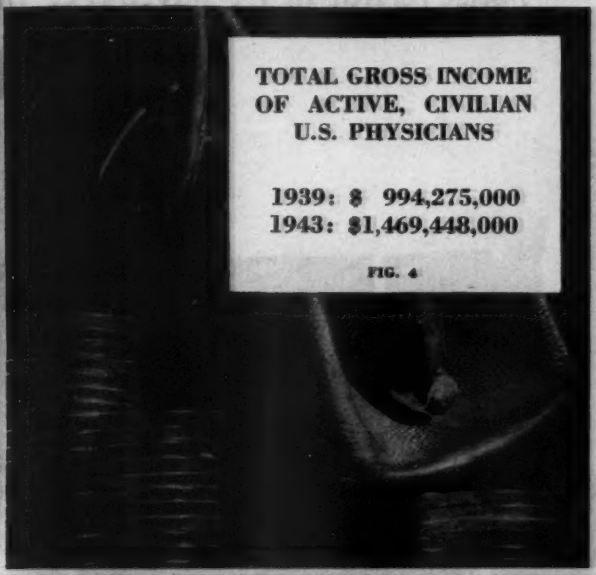

TOTAL GROSS INCOME
OF ACTIVE, CIVILIAN
U.S. PHYSICIANS
1939: $ 994,275,000
1943: $1,469,448,000

FIG. 4

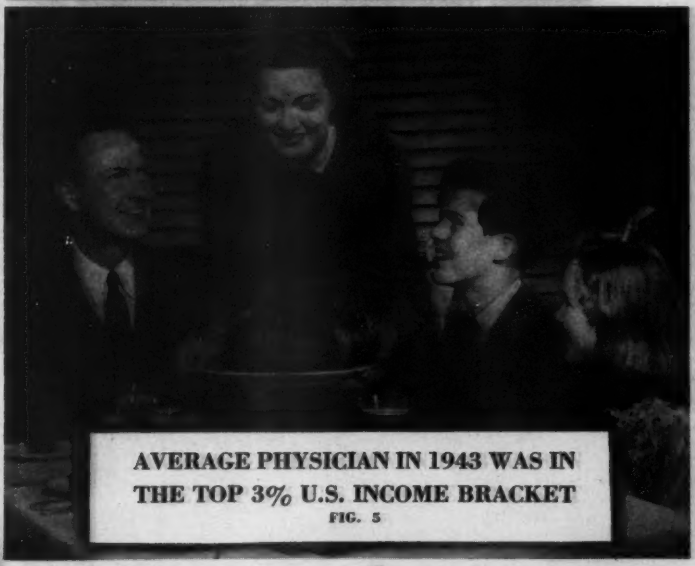

AVERAGE PHYSICIAN IN 1943 WAS IN
THE TOP 3% U.S. INCOME BRACKET

FIG. 5


GROSS INCOME OF U.S. PHYSICIANS, 19
$19,010
$13,716
$12

...RDING TO THEIR GEOGRAPHIC LOCATION

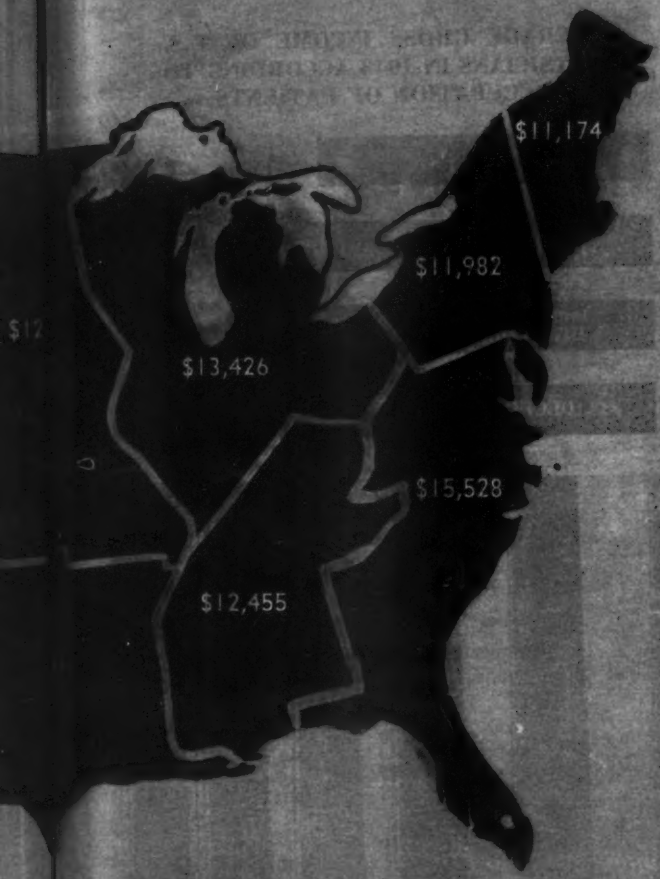
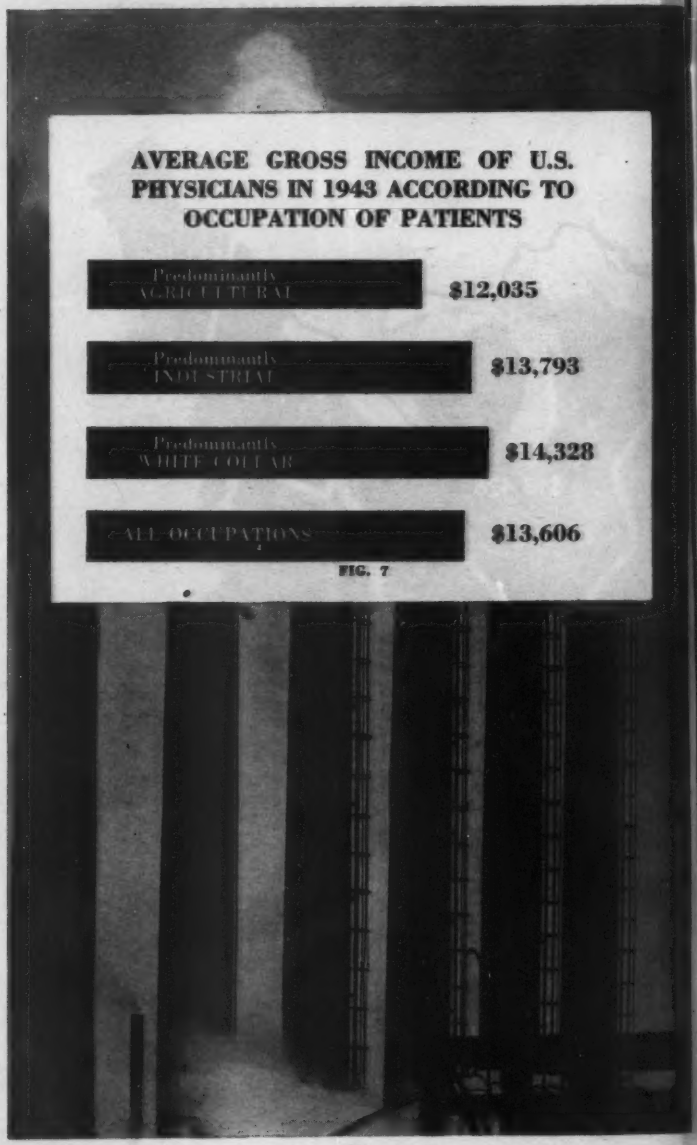
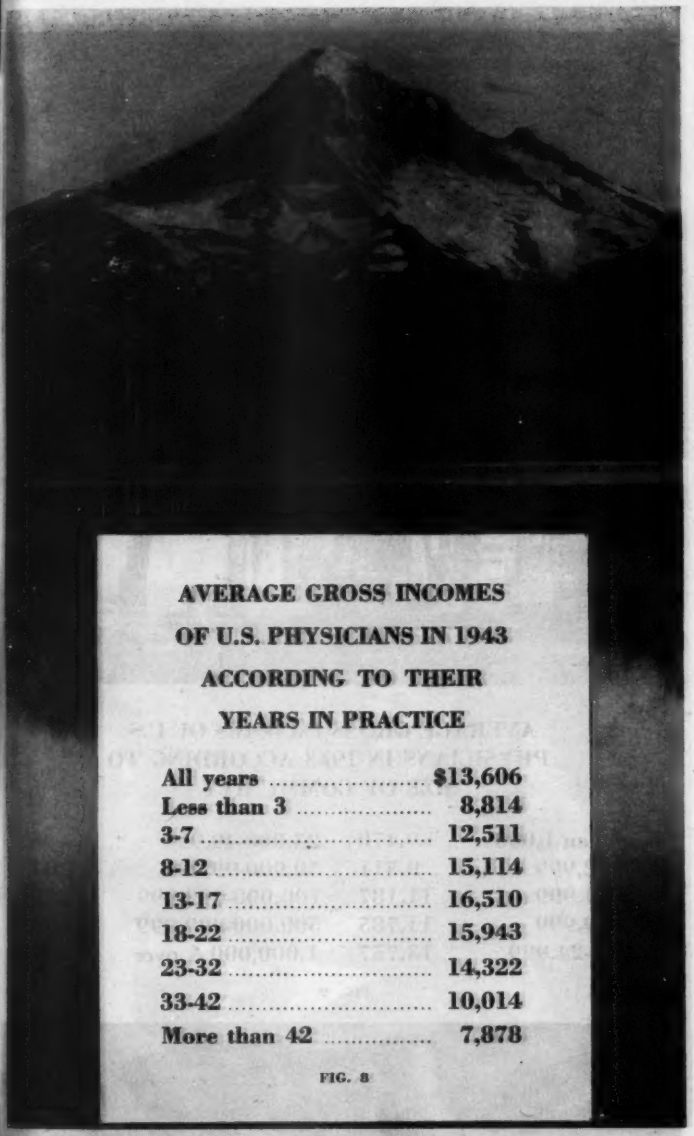


FIG. 6.


AVERAGE GROSS INCOME OF U.S. PHYSICIANS IN 1943 ACCORDING TO OCCUPATION OF PATIENTS
Predominantly AGRICULTURAL
$12,035
Predominantly INDUSTRIAL
$13,793
Predominantly WHITE COLLAR
$14,328
ALL OCCUPATIONS
$13,606
FIG. 7



AVERAGE GROSS INCOMES OF U.S. PHYSICIANS IN 1943 ACCORDING TO THEIR YEARS IN PRACTICE

All years	$13,606
Less than 3	8,814
3-7	12,511
8-12	15,114
13-17	16,510
18-22	15,943
23-32	14,322
33-42	10,014
More than 42	7,878

FIG. 8

AVERAGE GROSS INCOMES OF U.S. PHYSICIANS IN 1943 ACCORDING TO SIZE OF COMMUNITY

Less than 1,000	$9,470	25,000-49,999	15,463
1,000-2,999	9,511	50,000-99,999	15,147
3,000-4,999	11,187	100,000-499,999	16,599
5,000-9,999	11,785	500,000-999,999	14,321
10,000-24,999	13,757	1,000,000 & over	11,998

FIG. 9

AVERAGE GROSS INCOMES OF U.S. PHYSICIANS IN 1943 ACCORDING TO NUMBER OF PATIENTS SEEN DAILY

1-5	$3,893
6-10	7,114
11-15	10,351
16-20	12,672
21-25	15,249
26-30	16,639
31-35	20,389
36-40	20,044
41-50	24,619
Over 50	30,563

FIG. 10

Medical School Heads Outline Long-Range Teaching Plans

Deceleration and teacher development urged as immediate needs

Meeting in Detroit late in October, the Association of American Medical Colleges wrestled with the many-sided problem of postwar education. Interest centered in (1) deceleration of the wartime program, and (2) a suggestion that the potential teaching abilities of Army-Navy physicians be recognized now, and plans made to develop such abilities.

Few changes in the curriculum or in teaching methods have been made as a result of the accelerated program, according to Dr. Harold S. Diehl of the University of Minnesota Medical School. The schools, he pointed out, have followed the line of least resistance, and are likely to do so in making postwar readjustments.

Commenting on this and other phases of the wartime program, Dr. Donald B. Tresidder, president of Stanford University, said in part:

"Medical education has made its major adaptation by changing the calendars rather than by improving methods. Those who argue for acceleration in general have referred to studies which indicate that the greatest intellectual vigor and productivity come rather early in adult life. Yet these studies by no means represent a cross-section of our medical school population. Therefore, it seems to me, the evidence does not warrant the conclusion that all students in medical schools should follow an accelerated program during time of peace.

"However, if an acute shortage of doctors continues, as seems likely, reconversion to a peacetime basis may require: (1) that some medical schools remain on an accelerated program for a period following the war; (2) that some schools which have sufficient resources continue the accelerated program for students who desire it, and decelerate for another group; (3) that some schools decelerate for all students when the next class enters. These provisions are made on the assumption that acceleration is an emergency measure.

"Far more important than acceleration or deceleration are the degree of competence we want developed, and the major purpose of producing qualified doctors.

"Dr. Diehl indicates that in most medical schools the curriculum has become overcrowded and rigid. Yet new developments, such as physical medicine and social medicine, must be included if our graduates are to be prepared to deal with problems of the future. In one large clinic 10 per cent of all patients are referred to the division of physical medicine,

a field in which few medical schools provide any instruction worthy of the name.

"Dr. Rappleye points out that more emphasis should be placed upon parasitology, health problems of the tropics, psychosomatic medicine, chemotherapy, diseases of old age, biophysics, genetics, industrial medicine, public health, legal medicine, the care and treatment of trauma (especially burns, injuries, and shocks), nutrition, the correction of physical defects, aviation physiology, and the broad range of environmental factors.

"Another major issue is that of determining what the interneship should accomplish and then providing the essential experience.

"Methods of instruction need to be examined to ascertain whether students can learn much more than they have in the past. Again, this matter, in my judgment, is more important than the problem of acceleration."

Dr. Coy C. Carpenter of the Bowman Gray School of Medicine continued the discussion:

"In 1928, Dr. Wilbert C. Davison suggested a program which offered the M.D. degree five years after graduation from high school. This program, with modifications, has been followed by Duke University since 1930. Northwestern University has followed an accelerated program for sixteen years. The University of Chicago, ever since it was founded, has made use of the summer months to shorten the curriculum. The University of Tennessee has for twelve years allowed the student to obtain the M.D. degree in three calendar years.

"Advocates of complete declaration after the war point to five bad effects of the three-year program: (1) It places too great a financial burden on the student; (2) it is detrimental to health; (3) it lowers educational standards; (4) it causes a decline in student accomplishment; (5) it hinders research.

"In an attempt to measure opinion on the above points, questionnaires were submitted to all medical schools in the United States. Replies were received from sixty-seven. Analysis reveals the following:

"*Q. Has the accelerated program been a financial burden to civilian students?* Forty-eight per cent said yes; 42%, no; 10% had no opinion.

"*Q. Has there been a noticeable increase in illness among students?* Yes, 10%. No, 90%.

"*Q. Has the student reaction been favorable or unfavorable?* Favorable, 37%. Unfavorable, 45%. No opinion, 18%.

"*Q. Has faculty reaction been favorable or unfavorable?* Favorable, 13%. Unfavorable, 72%. No opinion, 15%.

"*Q. With a peacetime staff available, would educational standards suffer under an accelerated program?* Yes, 63%. No, 30%. No opinion, 7%.

"*Q. With a peacetime staff available, would research suffer under an accelerated program?* Yes, 70%. No, 21%. No opinion, 9%.

"*Q. Will your school return to your pre-war schedule at the end of the accelerated program?* Will return completely, 54%. Will return partially, 9%. Undecided, 37%.

"I also want to call attention to the questionnaire for students and

internes in the November issue of The Interne. This questionnaire evaluates the opinions of men and women now on the receiving end of medical education.

"The following questions were answered by 485 students at North Carolina, Duke, and Bowman Gray medical schools:

"Q. Has the accelerated schedule, within itself, in your opinion caused you excess fatigue or impaired your health? Yes, 35%.

"Q. As a civilian student, would your financial problems be substantially different under a speed-up schedule from those under the pre-war program, allowing for summer vacations? Yes, 48%.

"Q. Do you consider the accelerated program to be a disadvantage to the student? Yes, 77%.

"Q. If there are advantages and disadvantages, which in your opinion outweigh the other? Advantages outweigh disadvantages, 27%.

"Q. If you were given an option, would you elect an accelerated program that allowed you to complete your medical education in three calendar years, or would you select a slower schedule of four calendar years? Accelerated program, 27%.

"We have adopted a plan at the Bowman Gray School of Medicine for a peacetime schedule which will allow the student to accelerate according to his ability to do so. The student who is able to accelerate but who does poor work may not be permitted to receive his degree in less than the traditional four-year period, but may be required to use one or both of the summer vacations to do extra work. Thus the student may complete the course in from thirty-nine to forty-five months."

Dr. C. Sidney Burwell of the Harvard Medical School was particularly concerned about the availability of teachers. Said he:

"From 1939 to the end of the war only a fraction of the usual number of young men and women will receive training calculated to develop them as medical teachers. Unless appropriate action can be taken medical education faces the loss of a generation of academic personnel. There are not too many first-rate people for medical research and teaching at any time; we can confidently expect that the supply will be still less adequate ten years from now unless we make plans to avoid this deficit. These steps should include the early recognition of potential teachers and investigators while they are in their Army and Navy uniforms, and the provision of an adequate number of good training opportunities. These men and women will not want or require formal organized courses. They should follow thoroughly individual programs. They will need four things: first, wise supervision; second, space, equipment, and opportunity in research laboratories; third, the limitation of teaching and clinical duties to what is optimal for each one's growth and development; and, fourth, adequate stipends.

"A passive policy of waiting for men to apply for such training is not enough. The laboratories and clinics of this country should be able to supply good opportunities for at least five hundred additional men a year. That is only an average of about seven per school, and certainly many schools could take more.

[*Continued on page* 100]

General Medical Council Suggested for Nation

Rockefeller spokesman believes one would be of help in "adjusting" medicine

Medical care today is given by private practitioners, by public health officers and nurses, by school and industrial physicians, by hospital administrators, and many others. Can all these disparate groups, each deeply concerned with medical care, effectively adjust American medicine to its changing matrix?

We need in this country a general medical council representing the experience, the goodwill, the hopes, and the needs of the many different groups now involved in medical care. Its function would be to study the changing needs of medicine as a whole, and to weigh the claims of the consumers as well as those of the providers of medical care.

Such a council could study and clarify confused issues and act as a clearing house of information and opinion not only for the different professional groups but also for the lay public. It could go far toward adjusting American medicine to the changes already upon us.

The plan under which certain teachers in the clinical subjects give their entire time to teaching and research has been one of the main reasons why standards of medical practice have improved. Where teachers are obliged to develop private practice on the side, they become immovable local practitioners with no ability to accept a teaching position elsewhere. This immobilizes such physicians, usually at the expense of medicine in the country, the smaller towns, and the lower-income brackets.

The time is rapidly approaching —if it is not already here—when, in order to produce students adequate in their preparation, many medical schools will stand in serious need of some of their teachers now in military service. These men should be called back and assigned to duty in training the young military men now in medical schools. The schools cannot recruit from the more mature junior students, as in the past, because these men are in the service.

At present our medical schools are training students to be practitioners for middle- and upper-class patients in cities and not for the great mass of the population or for

► This is a condensation of parts of the testimony given by Dr. Alan Gregg, director of the Rockefeller Foundation, at hearings of the Senate Subcommittee on Wartime Health and Education. See also other testimony in this and last month's issues.

rural patients. A three-month apprenticeship in a rural hospital could be defended as a valuable part of medical education. It might even be desirable to make an arrangement by which Federal assistance to new rural hospitals would be conditioned upon their choosing student assistants or internes from the schools for their junior staffs.

The state boards of licensure provide a spectacle of some forty-eight separate and varying standards for the practice of medicine. The National Board of Medical Examiners should be given every encouragement to assume general responsibility for the intellectual aspects of state licensure, *i.e.*, the examinations. The state boards should make decisions regarding admission to the practice of medicine, license revocation, and establishment of policy in point of the non-orthodox groups.

The national board examinations are above the average of the state board examinations. So uniform adoption of the national board examinations would be an over-all improvement. Another cogent reason for their adoption is the fact that medical schools find it difficult to accommodate improvements in teaching methods to the requirements of forty-eight boards.

Plans for the prepayment of physician services should be subject to control by a board in which consumer representation is present. Administration should be such that payment is made by the organization to the physician and not as a cash indemnity to the patient.

The most urgent need in either type of prepayment plan—hospital- or physician-service—will continue to be the training of competent administrators. The development of group practice in connection with prepayment plans is a natural and desirable result of such organization.

—ALAN GREGG, M.D.

"My goodness, Mrs. Pettibone, the sulfa drugs can't do everything!"

Business Faces Sharp Jolts as Wartime Boom Declines

Industrialists believe 1945 will be a year of change, but not collapse

End of German war will depress U.S. industrial activity 25 to 30 per cent net in first six months, with increases in civilian-goods output compensating in part for sharp cutbacks in war orders.

Cutbacks will follow pattern set by changing character of military needs. Pacific war will still mean heavy demand for long-range bombers, light tanks and trucks, light artillery, cotton clothing, ammunition. Largest cancellations are likely to come on such items as jeeps, fighter planes, wool clothing, heavy trucks and tanks, big guns, electronic devices, and communications equipment.

The West Coast, whose plane factories and shipyards will remain on war work till Japs are beaten, should weather German peace better than other regions.

Reconversion is already under way, with first go-aheads for civilian production being given to non-critical labor areas. Biggest fly in ointment: price controls—which may compel larger manufacturers to put out postwar goods at 1942 prices, while allowing smaller producers to ignore price ceilings.

Defeat of the Japanese will bring much more serious threat to domestic economy than German defeat. But if reconversion is well along (as now expected) by end of 1945, business activity in 1946 should be substantially above pre-war level.

Depression of 1930 to 1935 proportions is unlikely during early postwar years. Even gloomiest of U.S. seers think 1945 will be no worse than a year of considerable change, 1946 a year of serious—but not catastrophic—blows to our national economy.

Real postwar boom is now seen as beginning in 1947. By then, plant reconversion should be well along. Meanwhile, output of civilian goods will rise steadily.

The first postwar year is figured to surpass 1940 production volume by 40 to 50 per cent. That would be 70 to 80 per cent above the 1935-1939 average, but well below the peak reached this year.

Wave of strikes is possible in 1945. Labor wants hourly wage ceilings upped to offset loss of overtime pay as work week is shortened.

Wage-price controls expire July 1, 1945, may be extended for another year by Congressional action.

Federal taxes, corporate and individual, will be approximately the same for 1945 as for 1944 (see page 43).

Small business, which has suffered 500,000 wartime casualties, is scheduled to get Government loans

to enable its 3,000,000 survivors to weather reconversion and to purchase war surpluses.

Corporate earnings during the interim between German and Jap defeats face numerous hazards: continued high Federal taxes; ceiling price controls; costs incidental to reconversion and the retraining of workers; some inventory losses

Industry's Prospects

Steel industry, running at about 95 per cent capacity during two-war period, expects to be down to 50 per cent for several months, then get back to 75 per cent as auto industry resumes.

Automobile makers hope to have a few new cars available for priority distribution in three to six months after Germany falls, but will require seven months to a year to work up to mass production.

Aluminum. Oversupply now permits limited manufacture of cooking utensils. Production of aluminum, magnesium, and copper may be cut sharply pending greater civilian fabrication.

Machine tool industry is uncertain—may be affected by disposal of Government-owned equipment and delayed demand for new tools by extended war in Pacific.

Household Appliances: Vacuum cleaners should be ready for limited distribution within a few weeks, large-scale in four months. Refrigerators are scheduled for volume production in nine months. Washing machines should be generally available in three months. Sewing machines face limited distribution in three months; full-scale in six. Electric toasters, razors, etc., in quantity in two to four months.

Building industry anticipates early lifting of ban on new construction, but boom is unlikely during war with Japan. Shortage of lumber and skilled labor is main problem. Local projects, hospitals, especially, are likely to get priorities. Large-scale housing boom is now seen as possible by 1947, with loans to ex-servicemen (via G.I. Bill of Rights) a big factor.

Food situation as a whole is not seen as greatly relieved by German defeat. Wheat and corn growers look for Government curbs on crop-raising in 1945 due to heavy carryovers from record production in 1944.

Furniture manufacturers and carpet weavers face shortages of raw materials, may not get going on postwar output for six months or more, despite few reconversion worries. Makers of other household furnishings are generally better off on materials and

higher unit costs (because of smaller factory runs on given items); increased competition; possible hourly wage boosts.

Postwar competition is already worrying some manufacturers, especially those who will be last to reconvert. West Coast industrialists fear possible loss of potential markets to Eastern rivals.

er German Defeat

have no major reconversion problems.

Oil refineries see no let-down from full-production level until Pacific war ends. Gasoline for civilians is expected to be somewhat more plentiful as 1945 progresses.

Publishing executives hope controls on paper can be relaxed in three to four months.

Aircraft industry expects cutback of at least 20 per cent (possibly twice that) with still deeper cuts following victory over Japan. Meanwhile, air transport will rise sharply with swingover to peacetime manufacture.

Radio industry hopes to be on full-scale civilian production in four months, with some models in dealers' hands in two Television sets: six to nine months.

Shipbuilding will drop 40 per cent.

Chemicals will be affected by serious cutbacks on war orders, but demand for many chemicals should be above pre-war levels once heavy industry resumes full-scale peacetime activity. New products—especially plastics—are major hope for postwar prosperity in chemical field.

Rubber industry expects to speed up production when more workers become available. Huge demand for tires plus abundance of synthetic rubber promises early prosperity. This business has no reconversion worries.

Textile output is to be stepped up in 1945 as manpower situation eases. World-wide demand, especially for cotton and rayon goods, will keep mills busy for an extended period postwar. Hosiery mills won't get nylon till end of Jap war is in sight.

Coal mining should continue to boom until European producers resume peacetime mining. Domestic demand will be heavy till after Jap defeat.

Farm equipment makers can be on full peacetime production in about three months.

Rail equipment plants face few reconversion problems, already have large orders for locomotives and other rolling stock.

Wall Street, eying postwar possibilities, has been inclined in recent weeks to favor certain special fields, notably electronics and the auto industry, particularly lesser known names in the latter. Belief is that smaller motor plants will be able to reconvert before big ones, and will thus get first crack at huge potential postwar market.

Government workers are quitting Washington jobs in substantial numbers. A great many more are slated for release soon. West Coast companies are alarmed by the eastward trek of some 25,000 war workers a month. Manpower exodus from munitions-making is now up to 150,000 a month nationally, and is expected to mount as war workers seek peacetime jobs before big layoffs begin. But labor shortages continue in coal mining, textiles, rubber factories.

Army inductions may soon be upped. Reason, according to semi-official sources, is to help man de mobilization machinery. But re object may be to replace casualtie

Postwar exports will be unde written by Government (throug Foreign Economic Administration relieving private industry of hug credit risks. But FEA, which h held broad powers in wartime, m continue to say which goods will g where, first. Possible volume: up ward of $7 billion annually (193 about $3.2 billion; 1929: $5.2 b lion).

Co-op marketing movement, n tionally strong in many agricultur lines (fruit growing and dairyin particularly), plans postwar expan sion on international scale.

Social security is to be extende postwar. How much depends t some degree on what British d General belief in Washington no is that limited medical care and ho pitalization will be included.

—WILLIAM R. MC NAMAR

"Oh, go wake up your own liver bile!"

Coordinating Body Suggested to Test Medical Plans

AT&T medical director recommends local demonstrations under national aegis

We have done a lot of talking about the question of medical care and health. The thing we need now is an organization to go to work and develop a plan.

I would be inclined to stress the value of the experimental method—the trial and error system. Almost all the advances in medicine have been based on experiment.

Through the National Health Survey and the President's Health Conference, we have all the facts before us. The time has come to set up a medical care commission, representing the Federal Government, the medical profession, and the hospitals. Under such a commission at the Federal level we might inaugurate experiments of different character in half a dozen typical states where state governments are willing to cooperate with the profession.

One experiment might conceivably be pretty close to a social insurance scheme. (There may be some state in the United States that is ready for that.) All right, let's go ahead and organize the plan, and then, after a period of years, let's evaluate what was accomplished in that state, comparing it with other states where more conservative plans were worked out.

The Government, in all its wisdom, can't settle this thing. Certainly the medical profession, in all *its* wisdom, can't settle it. But I believe that the two, getting together and planning some demonstrations in a few of our state "laboratories," can, over a period of years, come to decide what is best as a pattern.

What is needed in the fields of medical and hospital care is not "socialized medicine" or "state medicine", but *better-organized medicine*. It should be so well organized that while it remains largely in the hands of private practitioners, it will reach rich and poor, city and country folk, children and adults, employed and unemployed—not only after disease has gained a foothold but beforehand, while the individual is still well and strong.

—LEVERETT D. BRISTOL, M.D.

▶ This is a condensation of parts of the testimony given by Dr. Leverett D. Bristol at hearings of the Senate Subcommittee on Wartime Health and Education. Dr. Bristol is medical director of the American Telephone & Telegraph Company and chairman of the health advisory council of the U.S. Chamber of Commerce. See also other testimony in this and last month's issues.

SUPERTAH THERAPY IN ECZEMA yields 88.1% "GOOD RESULTS"

Almost 9 out of 10 physicians prescribing SUPERTAH (Nason's white, non-staining, nearly odorless concentrate of black coal tar) for Eczema report "GOOD RESULTS." This was determined by a cross-section survey of U.S. doctors made for us by an independent research agency.

There are good *reasons-why* SUPERTAH is preferred to the black tar:

(1) Clinical findings* show that clean white SUPERTAH retains the beneficial therapeutic effects of black crude tar, free from any objectionable features.

(2) SUPERTAH does not i ritate even the delicate skin of a infant, nor cause pustulations o other dermatitis as crude ta sometimes does.

(3) Most important, SUPE TAH *is used* by the patient b cause it is free of the objectio able odor . . . the repulsive blac color . . . the linen and clothin staining disadvantages of cru tar preparations, which, all to often, prompt the patient to ski their use, to leave them unopene on the bathroom shelf. SUPE TAH is *used—used as you direc*

*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases", p. 65.

SUPERTAH (NASON'S)

TAILBY-NASON CO., Kendall Sq. Station, Boston. Mass

MAKERS OF "SPHINX" BRAND OF RELIABLE PHARMACEUTICALS SINCE 19

Can We Lower Costs Through a Government-Clinic System?

Admiral McIntire declares good care possible without socialization

It is questionable whether compulsory medical care should ever be imposed on the citizenry at large. But yet there is one place where I believe the Government can well afford to help. That is with the cost of medical and hospital care.

To provide good care and still keep the practice of medicine efficient and morale good, the states and the Federal Government should establish clinics throughout the country. These clinics should house laboratory, X-ray, and special facilities to be used by all doctors in the community, thereby reducing collateral costs to the patient.

Well distributed, they would quickly bring about a much better form of medical practice and would certainly reduce costs for the lower-income groups. The latter then would have money enough to pay a moderate fee for hospitalization.

I suggest setting up diagnostic facilities very much like the outpatient clinics we see at some of our better institutions. (I believe we should not attempt to mix the hospital program with the health and diagnostic clinics.) In these clinics a man who earned, we'll say, $1,800 a year, and who had sickness in his family that required more than average care, would be able to get the service he needed.

The clinics should be under an over-all system, since they would have to be well established and we couldn't leave that just to chance. I think the Public Health Service would be the best organization to supervise them.

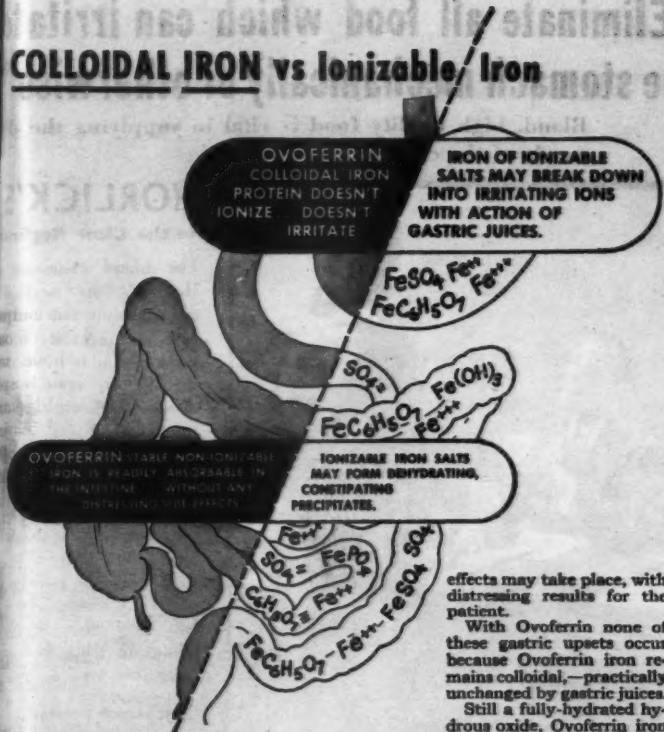
If we apply the clinic method we do not disturb the right of a citizen to select his own doctor. Nor do we prevent the doctor from carrying on his professional work as he thinks he should.

During the war, thousands of enlisted men's wives and children have benefited tremendously by the EMIC program. In my opinion it should be expanded and made permanent throughout the nation. If a health program is ever organized, this plan should be included in it. It is a fine example of how the Government can be of great help without upsetting medical practice.

—ROSS T. MC INTIRE, M.D.

▶ This is a condensation of parts of the testimony given by Vice Admiral Ross T. McIntire, Surgeon General, U.S. Navy, at hearings of the Senate Subcommittee on Wartime Health and Education. See also other testimony in this and last month's issues.

COLLOIDAL IRON vs Ionizable Iron



No disagreeable taste. Does not stain teeth.

IN TREATING HYPOCHROMIC ANEMIAS, Ovoferrin, colloidal iron-protein, is an easily assimilable hematinic that acts without irritating the stomach or intestine, without dehydrating the bowel, without staining or dissolving tooth enamel.

Being a hydrous oxide of iron, Ovoferrin's advantages over iron salt preparations are noteworthy. For when iron salts break down into iron and acid ions, astringent and irritating side-effects may take place, with distressing results for the patient.

With Ovoferrin none of these gastric upsets occur because Ovoferrin iron remains colloidal,—practically unchanged by gastric juices.

Still a fully-hydrated hydrous oxide, Ovoferrin iron reaches the intestine ready for prompt absorption in its colloidal state, readily assimilated. *No dehydration . . . no constipation . . . no irritation.*

Ovoferrin's palatability makes it acceptable to the patient with hypochromic anemia, the convalescent, the chlorotic child; in pregnancy and lactation; and in debility states.

At drugstores in 11 oz. bottles. Dosage: One tablespoonful in milk or water at mealtime and bedtime.

OVOFERRIN

COLLOIDAL ASSIMILABLE IRON

MADE BY A. C. BARNES CO., NEW BRUNSWICK, N. J.

Postwar Planning for Hospital and Health Facilities

Surgeon General estimates probable requirements and costs

The demand for hospital care seems certain to exceed anything we have known in the past. We must plan soon to meet this demand.

The voluntary or nonprofit hospitals have always relied heavily on private contributions to maintain their existence. Despite the traditional low salary level of nurses and other personnel, hospitals rarely show an operating profit. As long as private contributions were forthcoming freely, as they were in the past, most hospitals were able to struggle along and meet their operating deficits through community chest and other contributions. However, the gradual reduction of high individual incomes and private fortunes now tends to jeopardize this source of support and constitutes a serious threat to the continued existence of the voluntary hospital along traditional lines.

▶ This is a condensation of parts of the testimony given by Surgeon General Thomas Parran, U.S. Public Health Service, at hearings of the Senate Subcommittee on Wartime Health and Education. See also in this and last month's issues other reports based on the hearings.

It now seems certain that the so-called charity aspect of hospitals will become of less importance, and that they must be operated in a more businesslike manner and receive the full cash value of service. Hospital personnel must be paid at rates commensurate with the services rendered. It also follows that the private patient cannot continue to be charged to cover the cost of charity service. If the cost of hospital care is to kept within reach, and the quality of care maintained, the future development of hospitals must include more efficient design, better business management, higher professional standards, and especially some means of spreading the cost to the individual.

General hospital and public health facilities should be distributed so as to meet more equably the health needs of the whole population. Private hospitals have perforce been located in areas with sufficient population, wealth, and medical skill to make their operation possible. As a result, they are not distributed in proportion to need. Some areas are overbuilt and more are underbuilt.

Only about two states have control over the establishment of new hospitals or their architectural design, and that is exercised through

state licensing laws. In the other states, anyone may build a hospital as he chooses. There has been almost no cooperation between hospitals and public health programs, either as a means of conserving space, equipment, and personnel, or as a measure to provide coordinated services in isolated areas.

HOSPITALS FOR CHRONICS

Of all the types of illness requiring hospitalization, chronic disease has been the most neglected with respect to facilities. At the present time, most institutionalized patients with chronic conditions are found in "poor farms" and nursing homes. In many states, the latter are subject to no official control of standards.

The so-called chronic diseases, as such, usually require little more than routine custodial care which is must less costly than hospital care. Patients, however, are subject to other acute illnesses as well as acute phases of their chronic conditions. This requires that complete hospital facilities be readily available.

Three ways of handling this problem have been suggested. In order of preference they are:

¶ A domiciliary type of institution having only infirmary facilities, but conveniently accessible to a complete general hospital and serviced by the staff of the general hospital.

¶ A separate institution having complete hospital facilities.

¶ A wing or section of a general hospital.

MENTAL HOSPITALS

Nervous and mental disease hospitals are habitually overcrowded and many are in a poor state of repair. It is generally assumed that at least five beds per 1,000 population are necessary to give reasonably adequate care to nervous and mental patients. Nineteen states equal or exceed this ratio. The other twenty-nine show a deficit.

CANCER CLINICS

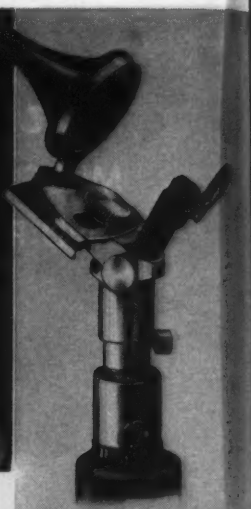
More special cancer clinics are required. Since cancer services are expensive and beyond the reach of a large proportion of the population, cancer control is becoming more and more a public health responsibility. At the present time only 392 recognized cancer clinics are in operation.

TUBERCULOSIS BEDS

The number of tuberculosis beds required is generally estimated at two beds per annual death from tuberculosis. Only nine states equal or exceed this standard.

OTHER FACILITIES

Questions are often raised by communities as to the desirability of other specialized hospitals, including those for heart disease, diabetes, maternity, contagious disease, and children's illnesses. I feel that, in general, the treatment of acute conditions of all types can best be handled in specialized departments of the general hospital. To do this effectively, however, more careful attention must be given to functional planning. —THOMAS PARRAN, M.D.



Widest Field

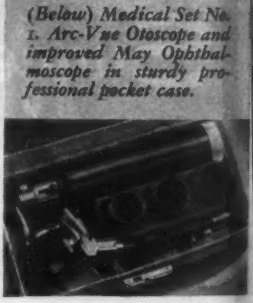
FOR EXAMINATION OR OPERATION

Swivel-head construction gives the Bausch & Lomb Arc-Vue Otoscope an obstruction-free operative field 36% wider than previous models. As speculum mount swings left or right, orifice is always at center of brilliant illumination field and at sharp focus with respect to the rotatable 2½x magnifying lens. "Most convenient otoscope I ever used," say hundreds of doctors.

BAUSCH & LOMB
Arc-Vue
OTOSCOPE

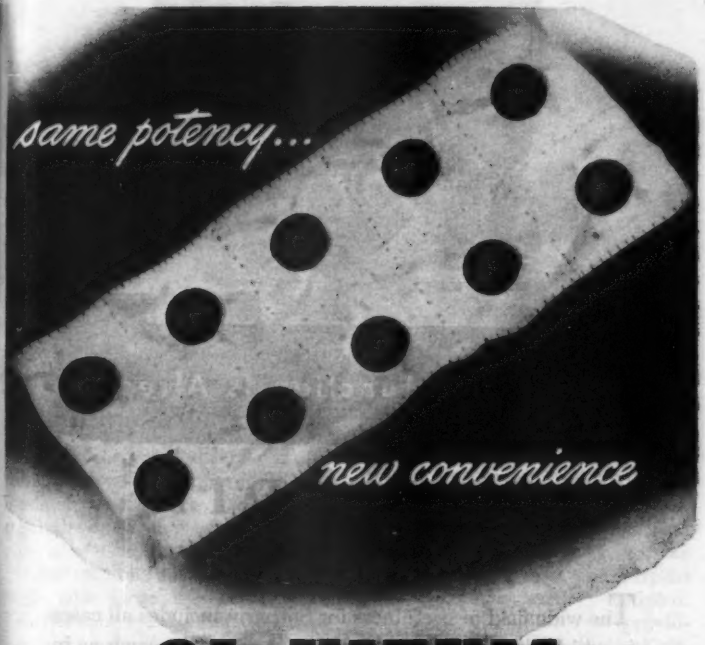
Brilliant true-color illumination...light weight ...sharp focus...Plastic specula, thin, light, strong, easily sterilized, reflection-free, attached or removed with a half-turn... Tongue depressor is directly under speculum mount.

(Below) Medical Set No. 1. Arc-Vue Otoscope and improved May Ophthalmoscope in sturdy professional pocket case.



BAUSCH & LOMB
OPTICAL CO., ROCHESTER, N.Y.

ESTABLISHED 1853



OL-VITUM
now in tablet form

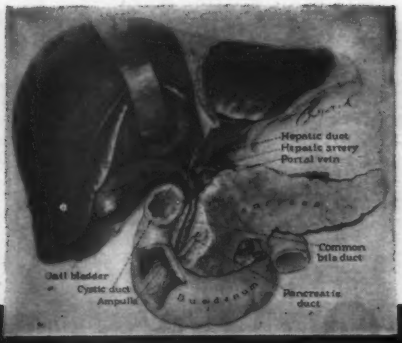
You know, Doctor, what a potent ally you have in I. V. C. Ol-Vitum—the "8-Vitamin" Capsules. *Now* you can have the same potency, the same all-around completeness of Ol-Vitum in *tablet* form, too.

Each individual Ol-Vitum Tablet is scientifically sealed in sanitary cellophane squares—10 tablets to a strip. A convenient, clean way for patients to carry a supply of balanced vitamins in purse or pocket.

Ol-Vitum Tablets are a product of "The House of Vitamins"—The International Vitamin Corporation, largest exclusive manufacturer of vitamins and vitamin products.

IVC **OL-VITUM**

THE "8-VITAMIN" TABLET OR CAPSULE



When Liver Function is Affected

Rx SORPARIN

(EXT. SORBUS AUCUP[illegible] "McNEIL")

The wide field of usefulness for Sorparin includes all cases in which the function of the liver is affected—such as in administration of arsenicals, hemorrhage, surgery, jaundice conditions and chronic infections.

Sorparin acts on the liver cells, keeping them active to sustain the prothrombin level. It may be given routinely in all cases of biliary surgery since there are no untoward effects connected with Sorparin administration.

Sorparin is non-toxic, non-kinetic. It is absorbed and utilized in the absence of bile, and may be used concurrently with hydrochloric acid, sedatives or antispasmodics.

Supplied in tablets, each containing 3 gr. Sorparin

Bottles of 100, 500 and 1,000

McNeil Laboratories
INCORPORATED
PHILADELPHIA • PENNSYLVANIA

Nation Held Unprepared for Veterans' Care

Paid use of all *nation's facilities and personnel is advocated*

The present medical care of veterans leaves much to be desired. Veterans hospitals are in the backwaters of medicine, many in isolated places. And all lack contact with the living forces of medicine—with the teaching and research centers, large voluntary hospitals, and medical associations and centers through which the progress of medicine is registered.

New veterans hospitals should be built near large medical centers. Teachers and specialists from teaching and general hospitals should be called on to serve as active consultants and as visiting physicians, in order to provide veterans with the most scientific kind of medicine. Practicing physicians should be invited to assist in medical care in these hospitals and in outpatient services.

At present, every veteran is entitled to medical care for any illness that requires hospitalization, whether service-connected or not. Outpatient care, however, is given only for service-connected illnesses.

This arbitrary subdivision leads to hospitalization of cases which could just as well be given ambulatory care. These patients are hospitalized, not because they need hospital care, but in order to make them eligible for care, and hospital beds are unnecessarily occupied. This could be obviated by providing more adequate outpatient departments, and by altering regulations.

With the discharge of 10,000,000 veterans from the military forces, the medical problems of the Veterans Administration will become stupendous. It is difficult to see how they can be met. With their families, veterans of the present and past wars will constitute close to one third of the population of the U.S.

While there can be no dissent from the view that our veterans and their families are entitled to the best medical care, there is some question whether good medical care can be made available to them by present methods. It would seem wiser for the Veterans Administration to assume financial responsibility for paying for this medical care,

▶ This is a condensation of parts of the testimony given by Dr. Ernst P. Boas at hearings of the Senate Subcommittee on Wartime Health and Education. Dr. Boas is chairman of The Physicians Forum, New York. See also other testimony in this and last month's issues.

and to make available to veterans all of the medical facilities and medical personnel of the community.

To bring good medical care to the country at large and to provide for the needed extension of public health and preventive services, fully equipped health centers, smaller general hospitals, and large general hospitals must be built.

Health centers will be the units in which the preventive medicine and public health work of the local community will be established. They should include facilities for offices of physiciars of that area, who, with proper equipment and working as a group, can take care of many of the local needs.

These health centers should be integrated with county or district hospitals, and these hospitals in turn should be related to larger hospitals in the urban centers where the most difficult cases, and those requiring the most specialized treatment, will be taken care of. Many communities have not the financial resources to establish such institutions, and Federal funds will have to be made available for their construction.

With such a set-up, doctors will be attracted to the smaller communities and will be able to practice good medicine. Innumerable opportunities will become available for doctors discharged from the armed services. But if these services are to be fully utilized, and available to all, funds will have to be provided for their maintenance and for the payment of doctors who work there.

In many parts of the country local communities will be unable to provide these funds, and Federal funds will have to be made available. In part they can be provided from funds that would otherwise be allotted to special veteran facilities, in return for which veterans would be entitled to complete care.

Neuropsychiatric ailments accounted for 1,340,000 of the 3,836,000 draft rejections up to April 1944. In addition, some 30,000 service men are being discharged each month for neuropsychiatric disorders. This does not take into consideration the increase in emotional disorders in the general population, resulting from the war, bereavement, and the disruption of normal family life.

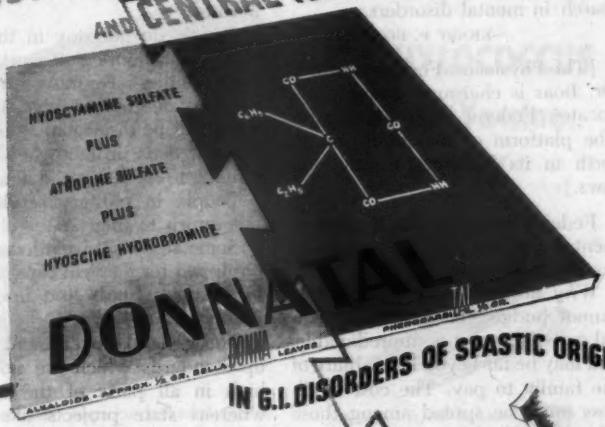
The civilian mental hospital system has been allowed to deteriorate, as a result of financial stringency during the depression, and then as a result of the war and the withdrawal of trained personnel from such institutions. The hospitalization of mental diseases has always been assumed by government and the rehabilitation and expansion of such facilities are urgently needed.

Outside the realm of the psychoses that require hospitalization, vast numbers of patients suffer from psychoneuroses which incapacitate them for normal living. Psychotherapy for such individuals is very expensive. Hospitalization is unnecessary. Care can be given in outpatient clinics. These will require some subsidizing, and particularly the training of personnel. Mental hygiene clinics are sorely lacking.

There are little more than 3,000 registered psychiatrists in the U.S. at present. This number is grossly inadequate for the task facing us at the end of the war. The training of psychiatrists is a prolonged and

THE SYNERGISTICALLY ENHANCED EFFECT OF

SMOOTH MUSCLE RELAXATION AND CENTRAL NERVOUS SEDATION



IN G.I. DISORDERS OF SPASTIC ORIGIN

Both neurogenic and myogenic tonus of the entire gastro-intestinal tract have been found to respond to the spasmolytic effect of DONNATAL'S ingredients:

Atropine, by interrupting myo-vagal connections, will relieve spasticity of the upper portion of the alimentary canal, thereby relaxing pylorospasm and tending to re-establish the normal type of gastric secretion. Scopolamine is noted for its sedation of the intestinal structures, and its consequent value in spastic constipation and irritated colon. A relaxing influence similar to that of atropine (though more marked) is exerted by hyoscyamine—upon smooth muscle of the G. I. tract, gallbladder and ureter, providing relief in gastric and hepato-biliary colic, and in sphincter spasm.

Phenobarbital helps control the psychogenetic factor—so important in spastic pathologies—by sedation of the central nervous system, supported in certain cases by the central action of scopolamine.

Donnatal is available in bottles of 100 tablets, each tablet containing the formula illustrated above

A. H. ROBINS COMPANY, INC., RICHMOND, VA.

1 DONNATAL affords all the advantages of natural belladonna alkaloids—

YET IT IS SIGNIFICANTLY NON-TOXIC;

2 DONNATAL provides for the sedation so frequently required—

YET IT IS ENTIRELY NON-NARCOTIC;

AND

3 DONNATAL has marked pharmacologic potency—

YET COSTS LESS

DONNATAL • THE DEPENDABLE ANTISPASMODIC AND SEDATIVE

expensive procedure. Inducement to enter this field must be found, if necessary in the form of subsidized courses of study.

Funds will be necessary for a greatly expanded program of research in mental disorders.

—ERNST P. BOAS, M.D.

[The Physicians Forum, of which Dr. Boas is chairman, roundly advocates Federal health insurance. The platform of the group, as set forth in its bulletin recently, follows.]

Federal insurance is a governmental project and governmental insurance is compulsory.

Why insurance: Because people cannot budget for complete medical care. The cost is unpredictable, and may be far beyond the ability of the family to pay. The cost of illness must be spread among those who are well.

Why compulsory: Even when the cost is spread by insurance, people usually will not take advantage voluntarily of insurance plans because:

(1) Illness is unpleasant. It is much easier to budget for something pleasant, like a car or a radio.

(2) Illness is something which may not happen. Interest in health insurance is in direct proportion to the amount of illness the family has experienced.

(3) Plans for complete medical care now cover, by the admission of Dr. Fishbein, only 5 per cent of the population of the United States.

(4) Hospital insurance covers less than 15 per cent of the population, and does not cover doctors' fees.

Why Federal: Insurance should be by Federal rather than state law because:

People do not stay in the same state. Vast numbers of workers and their families have moved from one state to another in war industry. They will be dislocated again when the war ends; in fact, they are beginning to be dislocated again now.

People in military service may not return to their states of origin.

Some states are wealthy and well equipped for medical care, whereas others lack funds and are inadequately equipped.

The Federal Government can set up standards which are uniformly high in all parts of the country, whereas state projects like workmen's compensation work better in some states than others.

The Federal Government is equipped to administer social security and can extend it to health insurance with the least possible overhead cost.

Federal services are less accessible to political influences than state services.

Federal health services have a record for decentralized administration.

Any Governmental plan for health insurance should take into account the organization of medical practice as it functions at present,

New Council Accepted

STAPHYLOCOCCUS Toxoid-Vaccine VATOX

Available in 6 cc. vials for subcutaneous or intramuscular injections.

THE mental sequelae of adolescent dermatoses are often more serious than the purely physical aspects—but the cure of the former depends on eliminating the infection. Effective treatment will be welcomed by every physician.

Clinical investigations* and experience in daily practice have shown the simultaneous administration of staphylococcus vaccine and toxoid to be more resultful in the treatment of staphylococcal infections than when either is used alone.

STAPHYLOCOCCUS TOXOID-VACCINE VATOX "NATIONAL" is a combination of staphylococcus vaccine (Staphylococcus aureus—2,000 million per cc.) and staphylococcus toxoid (1,000 original M.N.D. per cc.) which stimulates the production of anti-bacterial and anti-toxic substances.

INDICATIONS: For staphylococcal infections, particularly carbuncles, acne, furunculosis, osteomyelitis, and infectious eczematoid dermatitis. The National Drug Co., Dept. I, Philadelphia 44, Pennsylvania.

*Elvin, S., J. Immun. 46:309 (May) 1943; Faust, F. B., and Elvin, S. J. Immun. 46:315 (May) 1943; Goodman, M. H., Arch. Derm. & Syph. 47:640 (May) 1943; Jordan, C. B., Urol. & Cut. Rev. 47:185 (March) 1943.

NATIONAL DRUG COMPANY

STAPHYLOCOCCUS Toxoid-Vaccine VATOX

BIOLOGICALS, BIOCHEMICALS, PHARMACEUTICALS FOR THE MEDICAL PROFESSION

and should encourage trends which make for improvement in the distribution and quality of medical care. To accomplish this the Wagner-Murray-Dingell bill should be so drawn as to make its provisions readily adaptable to varying local conditions. In addition it should be based on fundamental characteristics of medical practice, which are:

(1) Medical schools and hospitals are basic for teaching and for research in medicine. In addition they initiate the dissemination of advances in medical knowledge to the medical profession through the medium of medical meetings and scientific journals.

(2) Rapid progress is being made in all branches of medical knowledge and this progress is reflected in the prevention and cure of illness.

(3) Group medicine is highly developed, and the development is proceeding at a rapid pace. By practicing in cooperative groups, in hospitals, outpatient clinics, health centers, doctors are in the best position to offer the highest quality of medical care.

(4) The advantages of specialized training, judgment, and skill should be available whenever needed to all persons who require medical care.

(5) There is widespread recognition among the medical profession of the importance of the personality of the patient in the prevention and treatment of disease.

(6) The family and its economic and social setting in the community has also a direct bearing on health and illness.

(7) The availability of medical care is an important factor in the prevention of illness.

SHRINKAGE IN MINUTES

1:52 P. M. Inferior and middle turbinates are highly engorged and in contact with the septum. The airway is completely blocked.

2:01 P. M. Maximum shrinkage has been obtained 9 minutes after two inhalations from Benzedrine Inhaler. The airway is open.

LASTING FOR HOURS

3:15 P. M. Airway is still open. Benzedrine Inhaler produces a shrinkage of the mucosa equal to, or greater than, that of ephedrine.

4:00 P. M. Two hours after treatment, shrinkage persists. Benzedrine Inhaler shrinkage lasts 17% longer than that of ephedrine.

A better means of nasal medication

In reporting their carefully controlled investigation of vasoconstrictive drugs, Butler and Ivy state that inhalers and sprays are preferable to nasal drops, and are—in most cases—"the better means of nasal medication."

Arch. Otolaryng., 39:109-123, 1944.

Each Benzedrine Inhaler is packed with racemic amphetamine, S.K.F., 200 mg.; oil of lavender, 60 mg.; and menthol, 10 mg.

Smith, Kline & French Laboratories, Philadelphia, Pa.

Benzedrine Inhaler

Rapid, Complete and Prolonged Shrinkage

59 scientific papers, published here and abroad, furnish the background for the new Biodyne Burn Therapy*

*Combines new discoveries in tissue metabolism (Biodynes) with two recognized local aids (Petrolatum and compression bandages), resulting in faster healing; relief of pain; decrease in formation of scars and keloids.

Bibliography of scientific papers and authentic case histories available on request.

BIO-DYNE OINTMENT IS THE ONLY PETROLATUM OINTMENT CONTAINING BIODYNES. A product of Sperti, Inc., Cin'ti, O.

PRODUCTS WITH PEDIGREES

Medical school research affords unbiased evaluation of new pharmaceuticals

Today more and more pharmaceutical manufacturers are turning to medical schools for clinical evaluation of their products. By this means, hundreds of new or improved preparations are subjected to exhaustive testing before being marketed. Interest in this testing centers around the fact that it is done by university research groups—chemists, biologists, and clinicians—whose opinions are not likely to be influenced by commercial factors.

Naturally not all new preparations are evaluated by medical school personnel. But the trend in that direction is unmistakable.

Medical schools in the past seldom accepted financial aid from pharmaceutical houses for research. In recent years, however, an increasing number of manufacturers have found the universities willing to receive fellowship grants for the study of promising new drugs.

Both the schools and the manufacturers have benefited: schools have gained funds to enable deserving graduate students to carry on their research work. The manufacturers—through reports and published papers—have been able to confirm the value of new therapeutic products and thus market them successfully.

The final test of any pharmaceutical product is obviously its acceptance by the medical profession. Manufacturers know this, and most of them are inclined to think twice before introducing a drug that has failed to win the favor of impartial clinicians.

Medical-school research on pharmaceutical products may best be illustrated by a case history:

A manufacturer has developed a new sulfa preparation. He believes it has advantages over currently recognized compounds; but he needs confirmation. He therefore consults the dean of a medical school with a reputation for sound clinical research. The manufacturer offers to grant the school a fellowship for a year's investigation of his product (realizing, of course, that the findings may be adverse).

The school accepts, subject to the following provisions: (1) that the manufacturer will make available all chemical, pharmacological, and therapeutic data about the product; (2) that he will suspend all marketing and promotion of the product until the research has been completed; and (3) that he will abide by the school's clinical findings in his advertising of the product.

The school, in turn, agrees to furnish a full report and to permit those who conduct the investigation to publish their findings.

Assigned to supervise the study is

a member of the medical school faculty—possibly the professor of experimental therapeutics or the research professor of clinical medicine.

He in turn selects from among his graduate students or assistants the fellow who will make the study and arranges with other departments of the university for any collaboration needed.

When the preliminary investigation is completed, the fellow and his associates prepare and sign jointly a report for the manufacturer. Jointly, too, they outline their findings in a paper to be published in one of the medical journals. In addition to describing positive results of the new product, the paper notes any side effects which may have been observed, so that the preparation may safely be employed.

The product is now ready for clinical tests on a larger scale. Staff physicians of the hospital with which the school is affiliated, if impressed by the findings of the preliminary study, agree to try the product in the wards or in the outpatient clinic. Meanwhile, the manufacturer has enlisted the interest of other groups of doctors. Possibly additional side effects will be noted in the course of these more widespread tests.

Informal reports and the published paper presently become the basis for presenting the new product to the Food and Drug Administration and, subsequently, the medical profession. Often about eighteen months after the research has begun, the manufacturer will have the product on the market.

Cost figures of one active pharmaceutical house give a cue to the scope of present-day commercial research. Last year this company (not the largest) spent well over $600,000 on the development of new products and more than $80,000 on clinical testing of those products.

In the evolution of the more important new preparations, there is a growing tendency for manufacturers to pool their efforts. Penicillin, sulfathiazole, and diethylstilbestrol are among a number of products that have been developed in this way. In the case of the latter, a dozen or more companies cooperated and the total expenditure on research was enormous. One of the diethylstilbestrol producers alone made a research investment exceeding $70,000.

—DENNIS BATCHELDER

IN THE TREATMENT OF

Industrial Contact Dermatoses

High Therapeutic Efficacy—TARBONIS is anti-inflammatory, is decongestant, and promotes resolution. It is of proven value in the control of industrial dermatoses (against a wide range of irritants), eczema, psoriasis, seborrheic dermatitis, certain tinea infestations, lichen simplex chronicus—in fact, whenever tar is indicated.

A Dependable Antipruritic—TARBONIS relieves the pruritus attending many skin conditions—stops scratching.

An Effective Barrier—Wide use in industry has demonstrated the protective efficacy of TARBONIS against skin irritants of almost every conceivable nature, and under exposure to all kinds of ordinarily disturbing physical conditions—excessive heat, dryness, steam, etc.

TARBONIS, a unique tar ointment, presents all the therapeutic efficacy of crude tar in a new, highly cosmetic form. Its active ingredient is a liquor carbonis detergens (5%), made by a process distinctly its own.

The therapeutic efficacy of tar is attributed to its complex contents of phenol and cresol derivatives, its sulfur compounds, its unsaturated hydrocarbons. In the liquor carbonis detergens of TARBONIS these compounds are present in notably higher concentrations.

Its special vehicle contributes to the therapeutic superiority of TARBONIS by exhibiting *all* the contained active substance to the area to which applied.

Physicians are invited to send for clinical test sample and comprehensive, illustrated brochure on tar therapy.

THE TARBONIS COMPANY
4300 Euclid Avenue Cleveland 3, Ohio

Distributed in Canada by
Fisher & Burpe, Ltd., Winnipeg, Man.

TARBONIS

All the therapeutic value of tar in an odorless, greaseless, non-staining, non-soiling, vanishing-type cream.

37% Stronger for Coughs

Exempt Narcotic

Each fluid ounce contains (1) one grain Codeine Alkaloid

MADE with the Codeine *Alkaloid* one grain to the ounce. It is readily verified that 1 grain of Codeine *Alkaloid* is equal in strength to 1.37 grains of the commonly used Codeine Phosphate.

A palatable, cherry-colored syrup, well tolerated by children. Contains with the codeine; ammonium chloride, ipecac, glycerine, sugar, water, flavoring and senna. An exempt narcotic. Costs little or no more than ordinary codeine syrups. Druggists stock for prescription use. *Prescribed since* 1898.

℞

If you will try it —just once—in the coughs of pertussis, bronchitis or asthma—you will continue to prescribe it and we shall be grateful.

"Trial is Proof"

Hollinger-Smith Co. Orangeburg, N. Y.

No samples please. Government Request.

Joint Federal-State Aid for Chronics Held Essential

Problem will get out of hand unless action is immediate, says M.D.

We have found ourselves caught in a rapidly swelling demand for care of the chronically ill aged, with which we cannot keep pace. Hospital beds are filled by the acutely ill. The availability of auxiliary services, such as private licensed commercial nursing homes, visiting nurse service, and philanthropic homes for the aged, are very limited in number and spotty in availability. Boarding houses are mushrooming all over the country and are filled with sick people who are grossly neglected.

This situation is focused for us by the nation-wide network of county welfare boards for old-age assistance, operating under standards set and funds made available by the Federal Security Agency. These funds, merged with state and county funds, are available to pay for care, but facilities are not available. Hospitals already taxed to capacity cannot afford to accept the chronically ill.

The problems of chronic illness are of infinite variety and involve the rich as well as the poor, the young as well as the old, and all racial and nationality groups. An analysis of the United States Census for 1920, 1930, and 1940 indicates that we must expect a steady increase, until 1980, in the number and proportion of persons over 65 years of age in our population. Also, the figures of the National Health Survey (1935-36) indicate that the public welfare administrator will be overwhelmed by the burden of the chronically ill indigent, unless drastic steps are taken now.

The problem has reached such proportions as to constitute a public health as well as a public welfare responsibility. Government—Federal, state, and local—must assume responsibility for its solution, in cooperation with existing philanthropic undertakings such as general hospitals and homes for the aged and for children, all of which have a contribution to make to a comprehensive program of prevention, diagnosis, treatment, custodial care, and

▶ This is a condensation of parts of the testimony given by Dr. Ellen C. Potter at hearings of the Senate Subcommittee on Wartime Health and Education. Dr. Potter is chairman of the Joint Committee of the American Hospital Association and the American Public Welfare Association. For another aspect of the chronics problem, see "Long-Term Treatment, Budgeted Fees Urged for Chronics," in this issue.

financing. The problems of chronic illness are further complicated by the lack of adequately trained physicians, nurses, and medical social workers.

The medical student and the nurse in training must, in the future, be well grounded in the diagnosis, prevention, and treatment of chronic disease; the physician and nurse now practicing must be stimulated to acquire a working knowledge of and interest in the handling of the chronically ill, both old and young.

This implies expansion of general hospital facilities in order that internes, staff, and student nurses may be prepared to meet the demands for care of the chronically ill. Extension courses for the physician who is in private practice are needed to bring him up to date in the expanding field of geriatrics. The general or chronic hospital is the center from which such educational service should radiate.

Acknowledging the lack of facilities and of personnel equipped and qualified to provide care for the chronically ill, there is need for immediate and for long-term planning in a variety of fields.

Its objectives should include:

¶ Formulation of a comprehensive community program to meet the needs of the chronically ill—a program related to types of disability, age, economic status, etc.

¶ Inclusion in the plan of existing philanthropic institutions, and state licensed proprietary nursing homes.

¶ Development of standards of physical plant and equipment suited to the needs of rural as well as urban communities.

¶ Expansion of general hospitals and recreation of the almshouse as a chronic hospital.

¶ Development of programs of training for practicing physicians, nurses, and related personnel, in the fields of chronic illness, as has been successfully done in industrial medicine and venereal-disease control.

¶ Development of a program of Federal grants-in-aid to the states, subject to standards set by the Federal agencies involved, for (1) structural expansion of suitable existing institutions or new construction; (2) assistance for indigent (or medically indigent) chronically ill persons, young or old, in institutions meeting Federal standards.

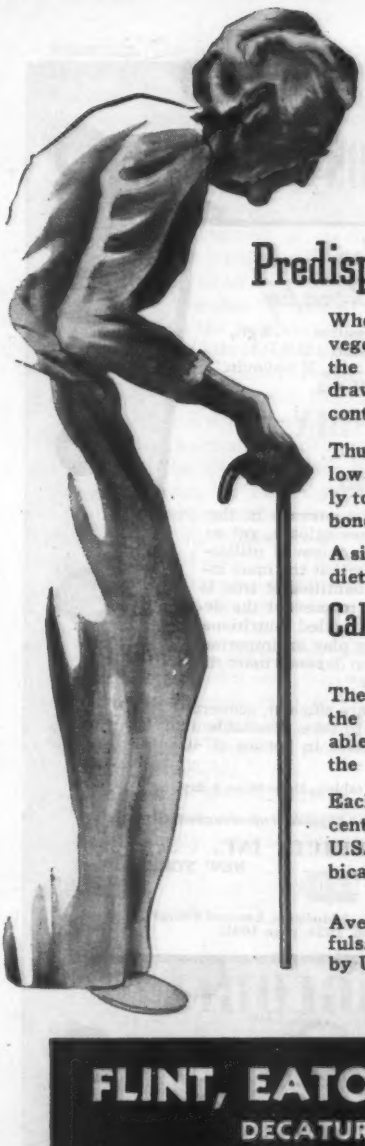
These objectives cannot wait for postwar action. An attempt must be made now to reach them not later than the early reconversion period.

—ELLEN C. POTTER, M.D.

In God We Truss

Hoping to escape the draft, he showed up for his physical exam wearing a borrowed truss, told the examining surgeon that he had been wearing it for fifteen years. "Hm," mused the doctor, "that ought to put you in 6-F." "What does 6-F mean?" the dodger wanted to know. "It means," replied the surgeon, "that in six weeks you'll probably be in France. Next time try wearing your truss right side up!"

—J. E. PERRY, M.D.



Predisposed to Fragile Bones

When the diet is not rich in milk and green vegetables—as is common in adult diets—the calcium content of the bones will be drawn upon, inasmuch as calcium excretion continues even when the intake is deficient.

Thus the aging adult whose diet has been low in calcium over a period of years is likely to be predisposed to brittle, easily broken bones.

A simple, palatable means of reinforcing the diet with the necessary calcium is

Calcium Gluconate Effervescent

(Flint)

The sparkling, effervescent form in which the calcium is administered makes it suitable for prolonged administration—even for the finicky appetite of the elderly person.

Each gram of Calcium Gluconate Effervescent (Flint) contains calcium gluconate U.S.P. 0.5 Gm., citric acid 0.25 Gm., sodium bicarbonate 0.25 Gm.

Average dose: 1 to 1½ teaspoonfuls. Council-accepted — protected by U.S. Patent No. 1983954.

FLINT, EATON & COMPANY

DECATUR • ILLINOIS

What They're Reading

AESCULAPIUS IN LATIN AMERICA

By Aristides A. Moll, Ph.D. 639 pages. 179 illustrations. W. B. Saunders. $7.

Even though historians are not expected to be spellbinders, there is no law against making history more readable than it is in this tome. Surely, medicine south of the Rio Grande has not been the dull saga set down by Dr. Moll. Only because the author has given such a fine chronological record—a record which must have required research of Gargantuan proportions—may his ineptitude at story-telling be forgiven.

Perhaps his biggest error has been to whet the reader's appetite with odd bits of Indian lore. For a taste of these, together with stray tales of medical doings in Spanish colonial days, makes it all the more difficult to swallow the main fare—page after page of dates, names, and statistics.

One would like, for instance, to know more about the Ecuador Quijos; for here was a tribe whose childbirth custom required the father to take to his bed after the blessed event, while the mother immediately got busy with her regular household duties. Papa spent the postpartum period fasting strenuously, sometimes dying of starvation—which must have been a big help to Mama.

Again, one would like to know more about the Araucan surgeons. Dr. Moll says they developed "a sort of superlaparotomy": They cut open the patient's side, sliced off a piece of liver, which they forced the poor fellow to eat, and then sewed up the incision with colored yarn. Oddly enough, it is claimed, the patient often recovered.

Then there were certain tribes whose custom it was to celebrate the advent of menstruation. The shindig turned out to be anything but fun for the guest of honor: Sometimes she was brutally tortured; if more fortunate, she was let off with the extraction of a canine tooth.

It seems, too, that there were professional abortionists among the South American Indians, but the historian tells us nothing of their exploits. He does, on the other hand, describe "a certain widespread bedside technique" in which the Indian medicine man would smear his face with soot, then secrete in his mouth a few pebbles, some worms—maybe a frog or two. Approaching the patient (whose ailment he was supposed to share), the "doctor" wouldn't say a word (naturally, with that mouthful!), but he'd manage to do enough grunting and groaning to indicate his great "distress." After a fitting period of silence, accompanied by considerable frothing at the mouth, the healer would then go into the feature part of his act: Grabbing the patient by the nearest arm or leg, he'd maul

him in a manner to put any chiropractor to shame—climaxing the workout by spitting his mouthful of pebbles, worms, and whatnot into the sick man's hand. The patient was to hang onto this choice collection come hell or high water—for hadn't the healer just performed a miracle in extracting the objects from the patient's body? (Of course he had and that'll be two dollars, please!)

Taken as a whole, Dr. Moll's record contains little of this sort of stuff. It does, however, set forth the date of every epidemic, the name of every physician who made any contribution to Latin-American medicine between 1492 and 1942. It also traces the influence of the French, the Germans, the British, and ourselves upon medicine south of the border; and it tells when and where the first hospitals were established in each of our sister republics. (The Spaniards were way ahead of our North American forefathers, it seems; Santo Domingo had a hospital in 1503—160 years before the first such institution was opened in the United States-to-be.)

Still in all, the reader gets the impression that this is not the whole story of Latin-American medicine. Many of its social and economic aspects have been neglected in the author's anxiety to list—for example—the dates when boards of health were established in the various republics, or when some prominent surgeon became a cabinet member in Paraguay. The physician in Minneapolis who reads the book to get a picture of what general practice is like in Montevideo will be in for a disappointment. —JOHN MORGAN

Hexestrol-Merrell, a new synthetic estrogen, produces the same clinical response as diethylstilbestrol, but has considerably less tendency to cause toxic side reactions.

When adequate dosage (average 2 mg. daily) of Hexestrol-Merrell is employed, the incidence of nausea is only one-quarter to one-half that observed with diethylstilbestrol in therapeutically equivalent dosage, and is of significantly milder degree.

HEXESTROL
MERRELL

(3, 4-di-p-hydroxyphenyl-n-hexane)

Tablets of Hexestrol-Merrell are available in three strengths, color indexed for positive identification and scored to permit further flexibility of dosage.

White 0.2 mg. Yellow 1.0 mg. Orange 3.0 mg.

All three strengths are available at prescription pharmacies in bottles of 100 and 1000.

For Parenteral Administration

HEXESTROL IN OIL—LOESER

A sterile oil solution supplied in two strengths 1 mg. and 5 mg. per cc.—in 20 cc. vials.

MERRELL

CIO Head Urges Federal Support of National Health Program

Subsidy of medical education suggested as labor reveals postwar aims

No one knows better than the American worker the need for better medical care. The war has brought that need home to the whole American people through the shocking figures on Selective Service rejections. The war has also demonstrated, through the enormous increase in medical facilities for military purposes, that if the American people decide they need a similar increase in civilian facilities after the war they can have it.

In war production we have proved that all groups in the American community can work together harmoniously toward a given end, with the Federal Government a useful partner in bringing these groups together. We now face the problem of maintaining that harmony and using our productive capacity for the welfare of our country and the whole world. It is a problem, but it is even more a challenge—nowhere more so than in the field of health and medical care.

To meet the challenge we must take a good look at the situation confronting us. Facts and figures show that if the facilities now available and the medical practitioners now trained could be redistributed, the American people would be adequately cared for. But there is no reason why we should limit ourselves to existing facilities if it can be demonstrated that more are needed. We have, or we can train, the necessary number of physicians, nurses, and other personnel. We have, or we can create, the means for producing the necessary professional equipment. The problem is one of organization.

Adequate analysis will demonstrate that the medical profession, the hospitals, and all groups concerned with public health are today being asked to perform an impossible job. They are being asked to supply adequate medical care to the individual citizen who, taken alone, cannot afford to insure himself and his family.

The bill introduced by Senators Wagner and Murray and Congressman Dingell looks in the right direction. But I believe that none of its sponsors or supporters has closed

[*Continued on page* 98]

▶ This is a condensation of parts of testimony given by CIO President Philip Murray and other labor officials at hearings of the Senate Subcommittee on Wartime Health and Education. See also other testimony in this and last month's issues.

COUGH

THE accompanying cough present in many affections of the Respiratory System is usually part of Nature's defense mechanism. The complete suppression of the cough by the use of drugs may be harmful, and yet the troublesome cough, particularly if it is associated with retrosternal tightness, or muscular, or pleuritic pain, will rob the patient of much needed rest.

The value of externally applied moist heat for the relief of these symptoms is recognized by many physicians.

ANTIPHLOGISTINE as a medicated poultice provides a convenient method for applying moist heat for prolonged periods.

ANTIPHLOGISTINE is valuable as an adjuvant in the symptomatic treatment of Bronchitis—Chest Colds — Tracheitis — Tonsilitis — Pneumonia — Pleurisy.

ANTIPHLOGISTINE maintains moist heat for many hours.

Antiphlogistine

Formula: Chemically pure Glycerine 45.000%, Iodine 0.01%, Boric Acid 0.1%, Salicylic Acid 0.02%, Oil of Wintergreen 0.002%, Oil of Peppermint 0.002%, Oil of Eucalyptus 0.002%, Kaolin Dehydrated 54.864%.

The Denver Chemical Mfg. Co., New York, N. Y.

ast, Sustained, Unified Dual-Action

o-Synephrine Sulfathiazolate, a chemical union which pro-vides powerful vasoconstriction and ample bacteriostasis—a most effective combination when dual action is indicated.

In uniting Neo-Synephrine with the minimum amount of sulfathiazole, all the outstanding properties of these two familiar therapeutic agents have been fully retained. The solution is equally effective on repeated administration—is of low toxicity and produces no appreciable side effects.

Neo-Synephrine Sulfathiazolate

Available as a 0.6% solution in a buffered approximately isotonic vehicle in 1 oz. bottles with dropper for prescriptions, and in 16 oz. bottles for office and hospital use.

Trade Mark Neo-Synephrine *Reg. U. S. Pat. Office*

Frederick Stearns & Company Division

DETROIT 31, MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO WINDSOR, ONTARIO SYDNEY, AUSTRALIA AUCKLAND, NEW ZEALAND

his mind to possible amendments.

The average physician's income is subject to great fluctuations, depending upon the prosperity or depression of the country. Usually he has only a limited span of years at peak earning capacity. During his declining years much will depend upon the hazards of his community or region. Many physicians throughout their lifetime never have a period of high earnings, even while they serve a far heavier load of patients than their more successful colleagues. The practice of charitable medicine is not good for the economy, however rewarding physicians may find it spiritually.

If the same expenditures now made for medical care were derived from the annual contributions of all who in the course of a lifetime might need medical care, the burdens would be averaged over the whole population. Only when we as a nation face this problem in the aggregate will we begin to put our emphasis on preventive medicine. By distributing the burden, we shall put a premium upon discovering ways for reducing not only the economic cost but the social cost as well.

On the question of organizing industry, labor, agriculture, the medical profession, and the general public to determine our needs: I should like to see a national joint committee responsible to the President and the Congress for a report on national health and medical care; and I should like to see localities throughout the country organize similar committees to draw up statements of local needs and present these statements to the national committee.

Some Federal funds will be nec-

The trigger mechanism of hemorrhoids

VENOUS ENGORGEMENT, the trigger mechanism of hemorrhoids, can be set off by simple constipation, by a bout of diarrhea, by pregnancy or by any one of many well known etiologic factors.

'Anusol'* hemorrhoidal suppositories exert an emollient, decongestive action either to suppress this trigger mechanism, or to afford relief from its resulting pain, discomfort and other sequelae. Yet 'Anusol' hemorrhoidal suppositories contain no substance which will mask more serious pathology or produce unwanted systemic effects. Each 'Anusol' hemorrhoidal suppository is composed of bismuth subgallate 2.25; bismuth oxyiodide 0.04; bismuth resorcin compound 1.75; Nicaraguan balsam (medicinal) 3.00; zinc oxide 11.00; acid boric 18.00, in a base of purest cacao butter, benzoinated lard and beeswax, q. s. ad. 100.00. Boxes of 6 and 12 suppositories.

*Trademark Reg. U. S. Pat. Off.

'Anusol'
hemorrhoidal suppositories

SCHERING & GLATZ, Inc.
a subsidiary of
WILLIAM R. WARNER & COMPANY, INC.
113 West 18th Street, New York City 11, N. Y.

essary to enable localities to finance their needs. Some Federal aid may be necessary to expand the opportunities for medical training and education. But more important is the realization that the problem of national health is a matter of national concern—to be solved by cooperative planning and action. I can assure you that the 5,000,000 organized workers whom I represent are eager to cooperate.

—PHILIP MURRAY

[Mr. Murray's testimony was supplemented by a nine-page memorandum, prepared by the CIO. Following is a condensation of its more important passages.]

The low status of our health is evidenced by Selective Service records and by mortality and morbidity statistics. Death rates in the U.S. compared with those in other nations indicate that in infant mortality we rank eighth; our childhood and adolescence death rate ranks fifteenth; and in mortality from ages 35 to 65 we rank twentieth.

The relationship between high mortality and inadequate medical care can be demonstrated with many diseases. Yet informed authorities are of the opinion that with full application of available medical skill and facilities we could reduce the annual number of deaths by a third or even a half.

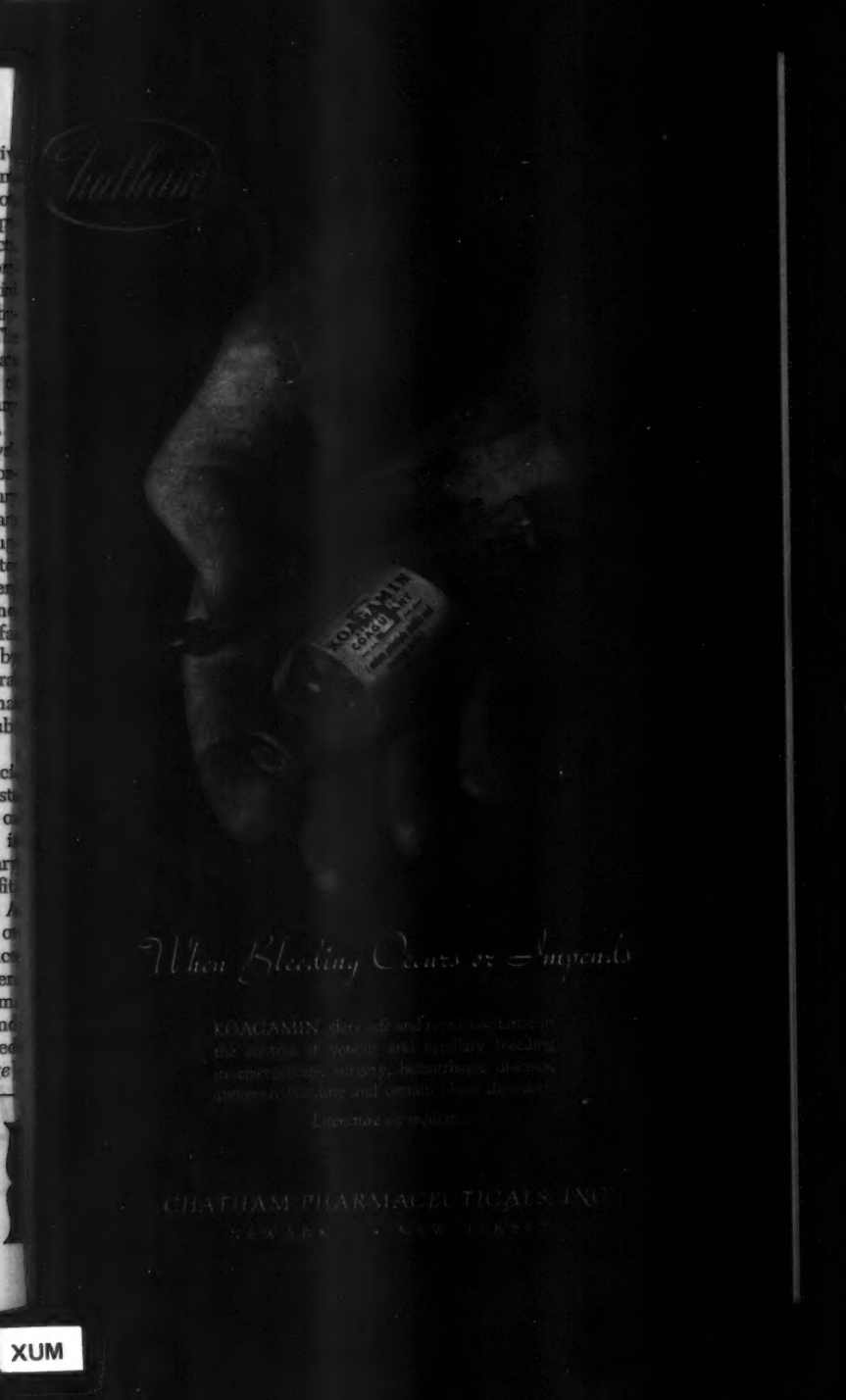
The health picture is equally depressing in terms of diseases and defects. If it were possible to examine every American irrespecti of age or sex we might find so thirty million people suffering fr serious chronic ailments, orthop dic impairments, or sensory defec

The National Physicians Co mittee found that nearly one-th of the people put off going to a ph sician on account of the cost. T economic barrier not only b poorer families from the receipt medical care but deprives ma areas of personnel and facilities.

States least able to spare phy cians have contributed proportio ately many more to the milita forces than states best able to spa them. This is important, for it su gests what may be expected aft demobilization unless Governme tal programs are instituted in tim

The distribution of hospital f cilities is likewise controlled b wealth instead of by need. Rur areas and economically subnorm regions have relatively fewer pub licly owned facilities.

To overcome the uneven inc dence of medical costs, these cost should be met through insurance o public medical services. There no reason to assume that voluntar insurance, commercial or nonprofi will ever assure coverage to all. Government insurance program o a public medical-care insuranc plan is the only practical answe Labor is united for such a program The American people will deman such a program if they are allowe to choose. [*Turn the page*


Chatham
When Bleeding Occurs or Impends
COAGAMIN
CHATHAM PHARMACEUTICALS, INC.

[The following is from testimony given by George F. Addes, secretary-treasurer of the United Automobile Workers (CIO).]

The UAW-CIO has had considerable experience with voluntary health plans. About half the membership of the Michigan Medical and Hospital Service comes from UAW-CIO ranks.

This experience has demonstrated that such plans do not solve our health problems. They reach only limited groups. In the event of another depression, workers would stop their insurance on the loss of employment.

Health insurance on a compulsory basis, with provision for varying experimentation in group techniques, is necessary.

We also ask consideration of the following:

1. A plan to assist the doctors and other medical personnel who leave the armed forces.

2. Special priorities to community, farm, labor and other non-profit organizations for the utilization of Government-owned medical equipment.

3. The continuance of medical-care programs for veterans and their dependents.

4. Development of medical-care programs within public housing projects, and the provision of such facilities as an integral part of newly planned projects.

The success of any Government venture for the solution of heal problems will depend upon the e tent of labor participation.

[Further testimony was p sented by Dr. Morris Raskin, me cal coordinator of the UAW Hea Institute. Highlights follow.]

The increased work-week h been especially severe on the wo an worker, as well as on worke generally over 50 years of age. F tigue factors are leading to an in crease in industrial accidents a susceptibility to illness. Emotio factors are leading to extreme n vousness, gastro-intestinal dis ders, and varying degrees of hy teria.

Pregnant women, subject to f ing on discovery of pregnanc often conceal their condition. Thu they may continue at jobs dange ous to their condition.

During a program of mass X-ra studies, active t.b. cases were di covered. But because no arrang ments were made to care for the cases and to provide for securit for the family, these people for th most part became foci for spread o the disease.

One plant employing over 10,00 has no full-time doctor. In thi plant and similar ones there is an increased tendency for first-aid at tendants and nurses to perform suc procedures as splinting of fra tures, opening of abscesses, sutu ing wounds, treating skin disease and removing foreign bodies in

bedded in the eye.

The postwar program of the UAW-CIO calls for a tremendous increase in the construction of hospitals and medical centers. We also recommend that the Army Specialized Training Program be expanded in the post-war period to include civilians.

[What follows is from a statement by Albee Slade, legislative and educational director of CIO's Industrial Union Council for Los Angeles.]

Those opposed to an effective health program want us to assume that everyone can purchase all the care he needs except, possibly, a major operation or extensive hospitalization. Nothing could be further from the truth.

Labor is not concerned with fragmentary insurance schemes. Our members want health security rather than sickness insurance. We want access to doctors who will keep us well rather than cash for being ill.

To achieve a satisfactory level of national health, three things are needed. All require Federal financing.

First: adequate hospital and subhospital facilities, properly distributed throughout the country.

Second: adequate and completely accessible medical care, available to all, through group practice and group prepayment.

Third: public subsidy for the education of medical students and for post-graduate study by physicians in practice.

The remarkable record made by our Army medical staff has convinced these doctors and the public that this is the most effective way of operating, despite statements of the Fishbeins and other fuddy-duddies who are struggling to maintain the status quo.

Regarding the subsidization of medical education: We want to do away once and for all with the partially justified but socially vicious claim that a doctor is entitled to charge all that the traffic will bear because of the great expense which went into his training. Society rather than the candidate for an M.D. should foot the bill.

Federal aid to medical-care plans should encourage initial variation in types of plans. Such a procedure should mean independent development of plans by medical societies, farmer cooperatives, labor unions, and other groups, as well as by municipalities, counties, and states.

This should insure free competition in methods. We also recommend that the Government establish an independent commission to investigate and report the methods used by each group and the effectiveness thereof.

This would assure the rapid discard of less efficient techniques and the quick and voluntary adoption of effective ones.

The Doctors' Album of New Mothers

NO. 9: DISILLUSIONED MRS. DYE

Disillusionment 1: The delivery room. Mrs. D. had seen too many movies.

Disillusionment 2: The baby. Mrs. D. thought all new babies looked like cherubs in the ads!

Disillusionment 3: The homecoming. Howling baby. Alarming vista of bath and oil rubdown.

Happily for Mrs. Dye, she'll find the modern routine of baby skin care easy and effective.

Chances are, her doctor, like so many nowadays, recommended Johnson's Baby Oil for use after bath and at diaper changes.

Johnson's is pure mineral oil with soothing lanolin—ingredients known to agree with normal baby skin.

JOHNSON'S BABY OIL

Made by the makers of Johnson's Baby Powder, recommended by more doctors than all other brands of baby powder combined.

Send for 12 trial bottles of Johnson's Baby Oil

Johnson & Johnson, Baby Products Division
Dept. 18, New Brunswick, N.J.

Please send me, free of charge, one dozen sample bottle of Johnson's Baby Oil.

Name _____

Street _____

City _____ State _____

Offer limited to members of the medical profession

Johnson & Johnson

Medical School Plans

[*Continued from page* 56]

"How is such training to be financed? These men have been officers in the Army, Navy, and the Public Health Service. Many of them are married. The range of stipend for fellowships should be not less than from $2,000 to $3,000 per year. To this should be added an allowance for research expenses of some $500. The problem is not solved by the so-called G. I. Bill because these men should be free; they should not be registered for formal instruction. Some funds already exist in medical school budgets for this type of training. Some farseeing foundations have provided for a number of such opportunities during the postwar period.

"It appears that a great deal of individualization in planning this program will be desirable. These men will be older than those previously trained in residencies. They will have had advanced training in some fields and they will not necessarily fit efficiently into the ordinary residency. Many of them will be in a hurry."

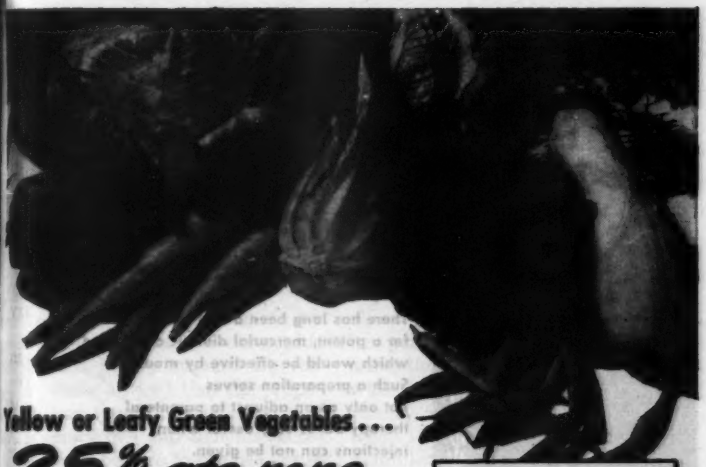
Turning to the subject of postwar refresher courses, Dr. Burwell offered these suggestions:

"First, there is no reason for schools to duplicate. There is every reason for each school to do the things it is able to do best. It would be highly desirable to have a great variety of courses.

"Second, men should be selected by competent admissions committees which will see to it that men and courses are suitably related to each other—so that the instructor will not insult the advanced group by talking about what they already know or mystify the elementary group.

"Third, doctors now serving in the Army and Navy wish to have refresher courses dealing with recent advances in medicine. More than one has emphasized the great desirability of participation by teachers of preclinical subjects.

"Before any of these plans can be operated, it will be necessary for the schools to have again on their active staffs many of the teachers now serving with the Army and Navy. Teaching staffs are already stretched to the breaking point. Teachers returning from service will have an important contribution to make. Some of the recent advances in medicine are much more familiar to men in the Army and Navy than they are to us who had to stay at home."



Yellow or Leafy Green Vegetables...

25% ate none

YELLOW and leafy green vegetables are one of the "Basic 7" food groups. They contribute heavily in vitamins A, B_1, B_2 and C... they supply Calcium, Phosphorus and Iron. Yet a nation-wide survey showed that 25% of the people ate none.[1]

In the face of such poor dietary practices among patients, many doctors find it advisable to recommend a daily supplement of vitamins and minerals. The Vimms formula supplies all the vitamins known to be essential in the diet, and commonly needed minerals—Calcium, Phosphorus and Iron. No product offering *one* tablet or capsule per day can supply all the vitamins and minerals in the Vimms formula.

[1] *Jl. of the American Medical Association, Feb. 27, 1943*

RECOMMENDED MULTI-VITAMIN BALANCE*	VITAMIN	VIMMS FORMULA (3 tablets)
4,000 USP Units	A	3,000 USP Units
1 mg.	B_1	1 mg.
2 mg.	B_2(G)	2 mg.
600 USP Units	C	600 USP Units
400 USP Units	D	300 USP Units
10 mg.	Niacin	10 mg.

In addition, Vimms supply the minerals most frequently deficient in the average diet.

CALCIUM..... 375 mg.
PHOSPHORUS..... 250 mg.
IRON..... 10 mg.

*Journal of the A.M.A., July 18, 1942, pp. 948-9

SPECIAL OFFER

Patients' response to the vitamins and minerals in Vimms may be readily observed over a period of time. To facilitate such observation, professional supplies of Vimms are available on request. Write to Pharmaceutical Division, Lever Brothers Company, Dept. ME-28, Cambridge, Mass. (Offer good in U.S.A. only.)

Cycle Billing Eliminates End-of-Month Strain

Auditor shows how multiple mailing cuts overwork and inaccuracy

Not long ago, it cost one of my physician-clients $450 to shrug off my repeated urgings that he correct his haphazard billing system. He felt (with some justice) that the preparation and typing of statements was a necessary evil and that his secretary should be able to dispose of the job at odd moments—during office hours if necessary. But one day the young lady—torn between a roomful of patients and a large batch of statements—made a bad error. She billed a well-off but miserly widow $50 for an operation that should have cost $500. And $50 was all the physician ever collected.

"I've always dreaded the last week of the month," the secretary confided in me later. "Why must bills reach debtors on the first of the month anyway? Meeting that arbitrary date means a feverish, last-minute job of posting late payments, adding up accounts, typing bills. I have to do it as best I can, because the doctor doesn't like the regular office routine disturbed. So billing in our office means overtime work, frayed nerves, and—as you've seen—inaccuracy."

Another secretary made a similar complaint. "My boss thinks there is plenty of time during office hours to get the statements out. The result is utter distraction. Just the other day a tart old woman who had to repeat a question added that she'd be perfectly willing to come in some time when I wasn't so busy with the typewriter. Others are obviously annoyed by its clatter. But when I mention this to the boss, he mumbles something about everybody being in the same boat these days. Actually, he just doesn't see any good reason for a secretary to organize her work properly—it isn't that important."

There's a simple solution to the problem—as I've proved to a good many clients. If month-end billing is onerous and hazardous, abandon the custom. Spread the work instead throughout the month. That's the essence of a method called "cycle billing" which is becoming increasingly popular with department stores, public utilities, and other creditors. By eliminating haste and strain, cycle billing helps reduce the probability of error to the vanishing point.

The device is simple:

The secretary divides accounts into equal groups—say four, for the sake of illustration. To each group she assigns a regular and separate billing date. From then on, she mails statements on, say, the 1st, 8th, 15th, and 22nd of each month.

[*Continued on page* 112]

Patients (or doctors),

turned into *night hawks* by the caffein in coffee, can drink delicious caffein-free Sanka Coffee and sleep nights,

like *owls in the daytime.*

SANKA COFFEE

All coffee—real coffee—grand coffee—97% caffein-free!

A Product of General Foods

Each mailing covers the month immediately preceding its date. For example, the Dec. 1 billing would cover Nov. 1-30; that of Dec. 8 the period from Nov. 8 to Dec. 7.

As I've said, the four-mailings cycle is used here only for illustration. Some practices would do very nicely with two or three billings; few would justify more than four.

If you entertain any doubts about increased office efficiency in cycle billing consider the evidence of a secretary I talked with recently: "You'd be amazed at the improvement in our routine," she told me. "I've always tried to be accurate. But in the old days—when I had to crowd all billings into one or two days at the end of a month, and then do a great deal of it during business hours—I just couldn't turn out a good job. Now, billing a relatively few accounts each week, I have time to be accurate. I can check the doubtful spelling of a name (knowing how sensitive people can be about such things!) or the address of a new patient. I no longer overlook last-minute payments. And I need not neglect patients in the reception room."

'My Most Interesting Experience'

¶ MEDICAL ECONOMICS will pay $5-$10 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice. Contributors may remain anonymous upon request. Address Medical Economics, Rutherford, N.J.

In the Discomfort of

COLDS AND INFLUENZA

As distressing as the local symptoms are the muscle and joint pains of acute respiratory infections and influenza. For these patients, Baume Bengue is especially beneficial. Its contained menthol and methyl salicylate produce a warming local hyperemia which relaxes spastic muscles and loosens stiffened, painful joints. Percutaneously absorbed methyl salicylate affords a well-defined analgesic influence which further allays the generalized discomfort and malaise. Patients demand local therapy for local discomfort; Baume Bengue is a scientific and effective preparation to satisfy this demand.

Baume Bengué

ANALGÉSIQUE

THOS. LEEMING & CO., INC., 155 EAST 44TH STREET, NEW YORK 17, N. Y.

"A WELCOME OF
PURE JOY
FOR ANY BABY!"

SWAN floating SOAP
is pure as fine castiles

Ideal for babies!

MADE BY LEVER BROTHERS CO., CAMBRIDGE, MASS.

Physical Therapy and Budgeted Fees Urged for Chronics

Such a policy helps patients and defeats cultists, says M.D.

There are a number of reasons why the average general practitioner may feel that he cannot undertake the care of the chronically ill. Under wartime conditions, it is difficult to give such people the attention they need. Again, the physician may believe he has already employed every potential at his command.

The specialist is likewise at a disadvantage. Having made a diagnosis, he proceeds by operation or by other means to correct discovered defects. With that, his care of the case terminates.

But the chronic's symptoms may continue. He may feel he has exhausted every medical resource. Then a friend tells him of a "marvelous" cultist. And to the cultist he goes.

Now, most cultists realize they can do nothing for a chronic in one or two treatments, and this one frankly tells the patient so. After going through the motions of making a diagnosis—which, by the way, seldom coincides with that made by a physician—he then proceeds to explain the patient's symptoms in simple words. Next step is to sell the necessity of a long term of treatment. Then an over-all fee is set and a plan of installment payments arranged.

With what effect?

The patient is convinced that the cultist's diagnosis is correct, for it was made in words the chronic could understand. The sufferer is convinced that in time he will be relieved, and the cultist gets the case.

By the law of averages, many chronic ailments will eventually disappear—a fact upon which the cultist can capitalize. Inevitably, then, he will be proclaimed as superior to all medical men.

Let's analyze the cultist's methods: (1) He has substituted confidence (born of ignorance) for the conservative opinion (born of experience) of physicians. (2) He has set time and fee limits for the case, which the patient appreciates. (3) He has attempted to treat the patient as a complete mechanism.

There *is* an answer to our problem. But I cannot agree with the author of "The Case for the Chron-

▶ Here is one physician's reaction to "The Case for the Chronics." That article, in August MEDICAL ECONOMICS, reported prevailing opinion among a number of authorities on chronic diseases. It ascribed indifferent care to general practitioners and asked for a more intelligent approach to the problem.

ics" that it is to be solved by certain medical men acting as specialists in chronic diseases.

In most cases, every resource of medical science is tried on the chronically ill, with the exception of about the only one that could prove beneficial—*i.e.*, physical therapy, properly applied. I am convinced that the average G.P. would do well to learn a great deal more about it.

It is imperative, of course, that the physician be experienced in the use of physical forces in the treatment of medical conditions, particularly those of a chronic nature. He should also be prepared to treat his patient at regular intervals, and to arrange budget payments. In addition, he should lower his unit fee.

This has been my plan for a number of years in treating the chronically sick, and it has produced a gratifying number of "cures."

I am certain that the rank and file of the medical profession do not subscribe to my system. Many of the chronically ill whom I have treated have later sought their regular physicians for other causes. They tell me that the doctors—noting their improvement and learning of what had been done—have remarked, "Well, if you like that kind of treatment, it's all right with me." Other practitioners who own some physical therapy equipment have said, "Why didn't you tell me you wanted electric treatment? I would have given it to you."

Despite these attitudes, I maintain that physical therapy, properly administered to the chronically ill, is the answer to the problem, and a good prepayment plan is the approach. —WILLIAM A. LURIE, M.D.

"Sure could go for one of Mom's bean suppers!" . . . "Has dad had the old car painted yet?" . . . "Don't forget to prune the roses . . ."

Yes, it's the little things, the small familiar pleasures, that he writes about. For to him, as to all of us, they add up to home

It happens that to many of us these important little things include the right to enjoy a refreshing glass of beer. Wholesome and satisfying, how good it is . . . as a beverage of moderation after a hard day's work . . . with good friends . . . with a home-cooked meal.

A glass of beer or ale—not of crucial importance, surely—yet it is little things like this that help mean home to all of us, that do so much to build morale—ours and his

Men of the U. S. Navy say letters keep up morale . . . write that V-Mail letter today!

Morale is a lot of little things

(As you, Doctor, know better than most)

BREWING INDUSTRY FOUNDATION

Goodbye, scarf and gloves...
She'll be wet to her skin!
But the wheat germ in Ralston
Protects from within

You know that whole grains are a charter member of the Basic-7.

You know that wheat germ is the richest cereal source of B-vitamins.

But did you know that hot Ralston wheat cereals are whole grain foods that contain 2½ times as much wheat germ as whole wheat itself?

That's why these cereals have such a rich heart of wheat flavor.

That's why they offer extra protection . . . protection from within.

FREE! Nutritionally Sound Normal Diets for Eight Age and Activity Groups

Complete, balanced diets for children 2-6, 6-12, over 12; moderately active and very active men and women; underweight men and women; pregnant and lactating women. Also: 8-page full-color illustrated pamphlet, "A Handbook of Cereal Grains"; and chemical analysis cards for Ralston Cereals and Ry-Krisp with special diet uses on reverse of each card. Use coupon below.

Ralston Purina Company, Nutrition Dept., 2J Checkerboard Square, St. Louis 2, Mo.
Please send, no cost or obligation, material checked below.

☐ C3694 Samples of Normal Diets ☐ C1865 "A Handbook of Cereal Grains"
☐ C873 Product Chemical Analysis Cards

_____ M.D.

Address _____

City _____ Zone _____ State _____

It's Smart

TO BE COST-CONSCIOUS

Patients appreciate your thoughtfulness in recommending a well-balanced vitamin mineral formula they can afford to take over the long periods of time necessary in nutritional planning. Examine pleasant-tasting, easy-to-swallow STAMS tablets! See what three tablets give your patients for less than 5¢ a day:

VITAMINS

A	5,000 USP units
B_1 (Thiamine)	1 mg. (333 USP units)
B_2 (G) (Riboflavin)	2 milligrams
Niacin	10 milligrams
C	30 mg. (600 USP units)
D	500 USP units
B_6 (pyridoxine)	.25 mg. (250 micrograms)
Pantothenic Acid	.50 mg. (500 micrograms)

plus all other vitamins of the B complex as derived from 200 mg. of Brewers' Yeast and 200 mg. of dried Liver.

MINERALS

Iron	10 milligrams
Iodine	0.10 mg. (100 micrograms)
Calcium	.375 milligrams
Phosphorus	.290 milligrams

plus small quantities (.3 mg.) of copper, zinc, manganese, magnesium and cobalt.

STAMS

At all drugstores: 24 tablets 49¢
96 tablets $1.69 • 270 tablets $4.48

Pharmaceutical Division
STANDARD BRANDS INCORPORATED
595 Madison Ave. • New York 22, N. Y.

Standard Brands Incorporated
Pharmaceutical Division Dept. ME
595 Madison Avenue, New York 22, N. Y.

Please send me FREE a full-size market package of STAMS.

Name_____, M.D.

Address_____

City_____ State_____

Give patients unequaled protectio

with Castle Sterilizer

WHICHEVER Castle Sterilizer y
select you can be sure that y
patients will get the last wor
scientific sterilizing protection.
is designed for beauty as well as

The "669" Castle Instrument Sterilizer and Autoclave—the favorite of doctors with an expanded practice who want a sterilizer to meet their every need.

The "666" Castle Autoclave provides complete hospital sterilizing safety, destroying spores as well as bacteria. It occupies little space, can be set on a table or supplied with a stand (666-S).

The "673" Castle Instrument Sterilizer—the ideal general purpose 16" Instrument sterilizer and storage cabinet. Accommodates Autoclave by change of top if desired later on.

This is the time to secure equipment that will help you most with your present practice and your future plans. Write for complete details.

WILMOT CASTLE CO.
1143 University Ave.
Rochester 7, New York

CASTLE
STERILIZERS

Mail-Order Gyps Active in Health Insurance

Fraudulent companies aim advertising at doctors

How much can you collect on most mail-order insurance policies?

Much too frequently the answer is, "Nothing." This can be proved mathematically, by logic, or through the competent testimony of practically every state insurance commissioner. For example:

An Indiana company offers physicians a special policy that promises $200 a month for total disability resulting from accidental injury or confining illness. The advertised cost is remarkably low in comparison with legitimate insurance costs. This company has been in existence since 1930. Its last available report, for 1943, shows that its disbursements during that year were less than $50,000. And that covered salaries, rent, printing, postage, and all other costs of doing business, *including all claims paid!* It would be interesting to learn what this company uses to pay claims, and how many are paid.

Moreover, this is an assessment company, although its literature makes no mention of that very important fact. It may levy assessments on its policyholders to make up deficits; thus the *advertised* cost of its so-called insurance isn't always the *actual* cost.

Prior to 1935, Indiana was the headquarters of several gangs of insurance gyps who operated assessment-insurance concerns. The Federal Government imprisoned a number of them under the mail fraud statutes. The Indiana legislature then revised the state's insurance laws to prohibit organization or licensing of assessment companies doing business by mail. But the law was not made retroactive and some companies organized before 1935 are still in business. It's almost mathematically impossible, however, for them to pay all claims.

A Delaware organization's letterhead proclaims it a "Pioneer of Hospitalization Insurance," but as recently as two years ago the outfit wasn't writing it. A few years earlier this same company left Wisconsin—where it was organized—under a cloud, as the state Commissioner of Insurance testifies:

"We filed a complaint with our district attorney and investigation disclosed that Mr. Blank had been operating the company since October 1935. He was careful not to write certificates in this state. We realized that we might have some difficulty in securing a conviction in court, and in September 1936 we stipulated that we would not press our complaint upon Mr. Blank's agreement to discontinue activities in Wisconsin." [*Turn the page*]

Mr. Blank thereupon moved his outfit to Wilmington, where, under Delaware's liberal laws, corporate swindles can be operated. Today he is selling his spurious insurance policies in Wisconsin, as well as in the other forty-seven states, by mail!

There have bee some Federal prosecutions of insurance companies for mail fraud—none recently—but, regardless of the extent of the fraud, no state can prosecute an inhabitant of another state for the non-extraditable offense of selling worthless insurance. The insurance crooks have devised a perfectly safe method of robbery.

There has been some agitation for a Federal law that would prevent insurance companies domiciled in one state from selling insurance in any other state, by mail, without first complying with the latter state's laws. In 1948, the House of Representatives summoned witnesses and took testimony preparatory to drafting legislation.

Congressman Hobbs of Alabama told the legislative committee:

"There are at least a thousand so-called insurance companies that never pay losses of any size, and when they do pay one it is merely for advertising purposes. We had one celebrated case in Alabama where the president of a comp said to one of his friends, who twitting him about the liberalit a policy his company was writ 'There is no possibility of forcin pay-off. We have a provision in fi print which says that no death cla shall be paid unless the policyhold shall within thirty days after his d mise appear in person at the ho office and make proof of death.'"

The proposed Federal law is gathering dust in some Washingto pigeonhole, nicely wrapped in re tape.

Honest as well as dishonest in surance companies do business b mail, of course. If you're doubtf about any mail-order policy, you can protect yourself by asking your state insurance commissioner abou it.

The true test of any offer of in surance is to study the policy itself, not the advertising literature. You will be amazed at the number of tricks and evasions which have the effect of reducing the company's liability almost to the vanishing point.

The Insurance Commissioner of Pennsylvania cites a typical case:

A widow, after supplying proof of death to a Midwestern company and writing several follow-up let-

One way to help minimize ABSENTEEISM

Enforced absence due to skin irritation can be both annoying and costly. Especially in war industry, it is important to restore comfort and clear up the condition as speedily as possible.

MAZON with its record of clinical success, even in obstinate skin disorders, offers to be of valuable help. It often brings gratifying improvement where the use of other medicaments fails to obtain satisfactory response.

• • •

Indications include Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic disease.

Mazon is anti-pruritic, anti-septic, anti-parasitic. It is easy to apply and requires no bandaging.

BELMONT LABORATORIES CO., PHILADELPHIA, PA.

ters, finally received a check in "final settlement" of a $500 policy which had been in effect for fifteen years. The check was for $6.

Her husband, the letter stated, had belonged to a group which at one time had several thousand members, but in the course of years the number had shrunk to twenty. The association had succeeded in collecting one dollar each from eighteen of these. The cost of collecting the assessment had amounted to twelve dollars, and the six dollars represented the balance due her.

We learn of additional tricks from the same commissioner:

"Other outfits prefer a type of policy that seems to promise payment by the company but that contains provisions exempting it from virtually any claim that can be made against it. Thus, the beneficiary is entitled to no payment, or to only a fraction of the face value of the policy, if the insured dies within a given time of any of a list of ailments. The list includes every ailment of which anyone is likely to die.

"If this does not let the company out, they can insist that something in the insured's life history nullified the claim. In one instance, they refused payment on th› ground that they had learned that the insured who died at the age of seventy-three, had suffered from rheumatism when he was two years old. In another case they declared that the policyholder had been addicted to the excessive use of alcoholic liquor, which as a matter of fact he did not use at all."

"Two Thousand Dollars for Accidental Death," reads one company's advertising. The policy stipulates that the insured must be killed while a paying passenger on a railroad train, bus, or street car, and the conveyance must be wrecked. If you fall out of your berth in a Pullman car and break your neck, your beneficiary is out of luck. The most common forms of accidental death are scaled down to $100—but even that may never be paid.

"Seventy-Five Dollars a Month If Disabled by Accident," says the ad. But again you've got to hit the bull's-eye. Eleven specific accidents are designated in the policy. All others pay $15 a month—*for one month only.*

"Sickness Benefits up to $50 a Month," is another promise, but common types of confining illnesses entitle you to payments for only ten weeks, *not to exceed* $108 total. Other sickness benefits: $20 a month

Bulk—For Perfect Balance

By normalizing "water balance," Mucilose, the non-digestible bulk laxative offers early relief and restoration of normal bowel habit.

And besides, it is easy to take, economical, non-caloric, rarely allergenic, and non-absorptive of fat soluble vitamins.

Mucilose

This highly purified hemicellulose is available in 4-oz. and 16-oz. bottles as Mucilose Flakes and Mucilose Granules.

Trade Mark MUCILOSE *Reg. U. S. Pat. Office*

Frederick Stearns & Company

Division

DETROIT 31, MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO WINDSOR, ONTARIO SYDNEY, AUSTRALIA
AUCKLAND, NEW ZEALAND

—for one month only. "We help pay the doctor," says the advertising. So they do, up to $3—no more.

The longer you hold such a policy, the less it is worth. At the age of 60 these "liberal" benefits are scaled down 25 per cent, at 65 the reduction is 50 per cent, and so on. Policies of this type promise a 65-year-old policyholder $1.50 to help pay the doctor's bill; $54 for ten weeks confining illness and $50 for loss of life. But it is by no means certain that even these puny benefits would ever be paid.

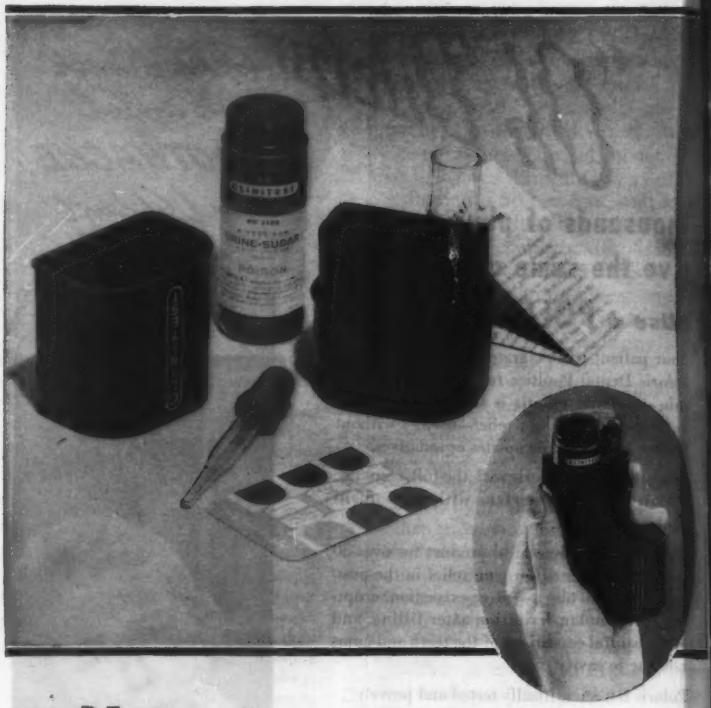
In 1943, the State of Oklahoma tried to bring foreign insurance companies under its jurisdiction by passing a law which provides that they may be sued in Oklahoma courts by residents of Oklahoma. Such suits, however, remain undefended. A judgment is taken but remains unsatisfied because it is ineffective against the resident of another state.

An intelligent approach to the problem is contained in the following statement by J. Roth Crabbe, Superintendent of Insurance for the State of Ohio, which indicates how concerted action by *all* states would stop the racket:

"This office receives many inquiries concerning unlicensed carriers and we are constantly warning the public of the dangers from buying insurance in other than authorized companies through duly licensed agents.

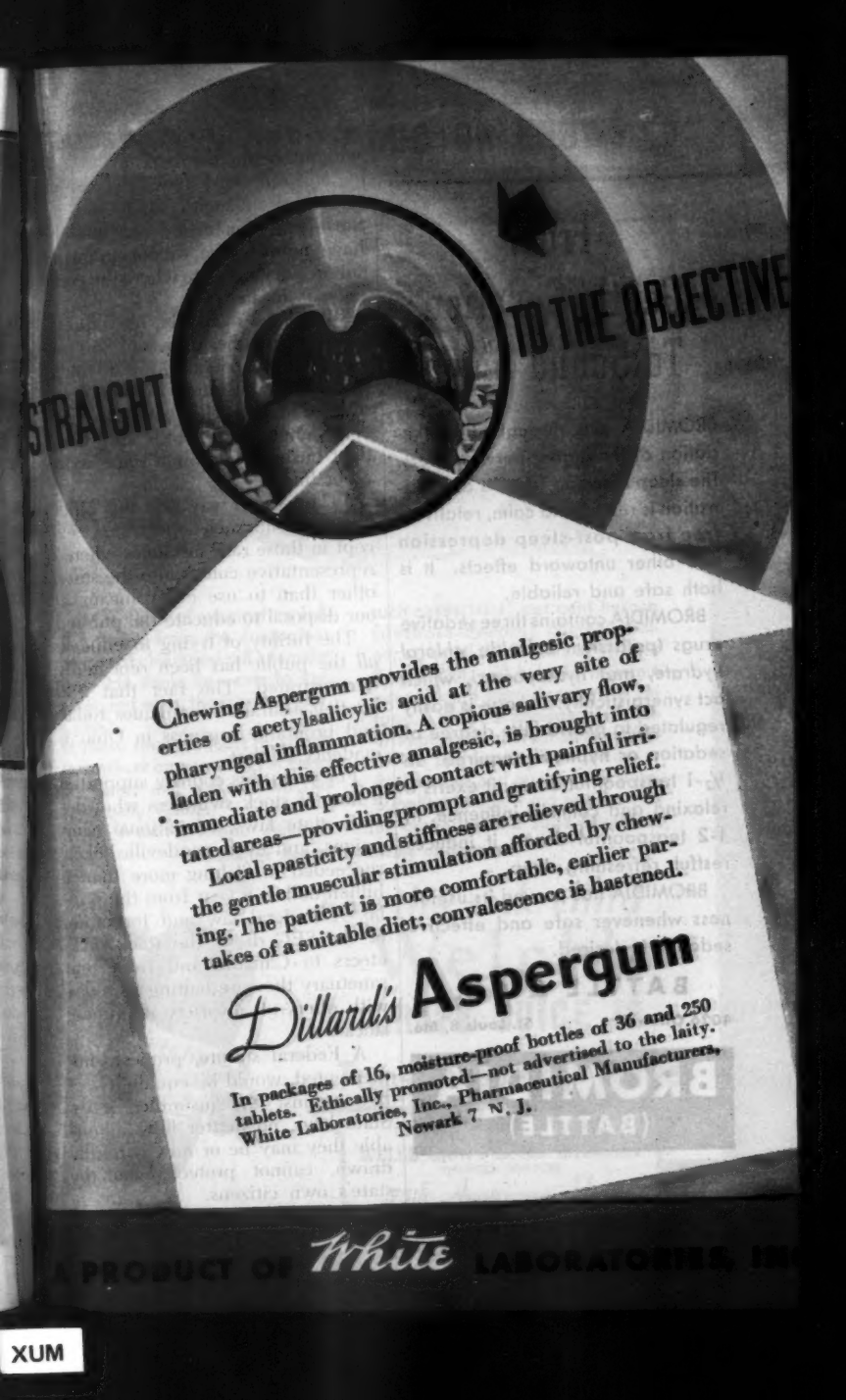
"Ohio is one of the first states which passed a law to prohibit its domestic companies from engaging in business in territories where they are not licensed. While a number of states now have similar laws, other states permit their companies

[*Continued on page* 130]



NEW streamlined plastic model CLINITEST *Urine-Sugar Analysis Set*. This simple, fast copper reduction test—already streamlined to eliminate heating—now takes on an added convenience for the user. All test essentials have been compactly fitted into a small, durable, Tenite plastic "Cigarette-Package Size" Kit. Write for full information.

A Product of AMES COMPANY, INC., Elkhart, Indiana


STRAIGHT TO THE OBJECTIVE
Chewing Aspergum provides the analgesic properties of acetylsalicylic acid at the very site of pharyngeal inflammation. A copious salivary flow, laden with this effective analgesic, is brought into immediate and prolonged contact with painful irritated areas—providing prompt and gratifying relief. Local spasticity and stiffness are relieved through the gentle muscular stimulation afforded by chewing. The patient is more comfortable, earlier partakes of a suitable diet; convalescence is hastened.
Dillard's Aspergum
In packages of 16, moisture-proof bottles of 36 and 250 tablets. Ethically promoted—not advertised to the laity.
White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7 N. J.
A PRODUCT OF White LABORATORIES, INC.

to do business by mail in Ohi without being licensed.

"Not only does the state receiv no taxes from such business, but, the event of a claim, our citizen have no recourse except to brin suit in a distant state where the com pany is located.

"We have available, on reques a limited number of lists of 250 un authorized carriers known to hav transacted business in Ohio b mail. The majority of these con cerns engage in health and acci dent business, although some write other lines.

"There is no way that this offic can prevent such operations, ex cept in those rare instances when a representative comes into the state other than to use every means a our disposal to educate the public."

The futility of trying to educate *all* the public has been repeatedly demonstrated. The fact that 250 bootleg insurance companies today find profitable business in Ohio is evidence of that.

For years this country supported a host of stock swindlers who, despite state laws, educational campaigns, and even vaudeville jokes, succeeded in filching more than a billion dollars a year from the public. A Federal law and formation of the SEC drove the stock racketeers to Canada, and from that sanctuary they are baiting us today with offers of a variety of mining stocks.

A Federal statute, properly implemented, would be equally effective against the insurance gyps. State laws, no matter how admirable they may be or how carefully drawn, cannot protect even the state's own citizens.

—FRANK W. BROCK

PATIENTS EVERY DOCTOR KNOWS

THE SICK CHILD

MOTHERS of youngsters suffering from the contagious diseases of childhood tell a familiar story. "He thinks he wants to eat, doctor, but when the tray appears, he can't."

Yet these small patients must eat. Even a short course of fever takes off pounds and makes little ribs pathetically visible.

Advise Welch's Grape Juice in such cases. Its 17 per cent hexose (dextrose-levulose) content, balanced by 50 U.S.P. units of Vitamin B_1 per pint, will help to maintain energy until normal appetite returns.* Welch's provides 314 calories per pint—more than any other of the five leading fruit juices. Pasteurized and guaranteed pure. Supplied in quart and pint bottles at groceries and soda fountains.

*Scientific Reprint Available on Request.

For the sick child

Welch's

GRAPE JUICE IS

Tops in energy value

1869 *The* 1944

WELCH GRAPE JUICE COMPANY

WESTFIELD, NEW YORK

75th Anniversary Year

EVERY PRODUCT BEARING THE WELCH NAME BACKED BY 75 YEARS EXPERIENCE

The Newsvane

Paul McNutt: "The Procurement and Assignment Service has no interest in perpetuating its controls. It will continue its activities, including cooperation on demobilization plans, only as long as the war lasts" . . . By mid-October, 1944 had become second-worst year in history of infantile paralysis. Cases then totaled 16,133. Worst year: 1916, with 27,621 cases . . . Myopia puts Jap fighting men at disadvantage with whites, Dr. Leon Felderman told the Bucks County (Pa.) Medical Society. Poor lighting in Japan, coupled with the national habit of wearing glasses as a sign of culture, accounts for Jap nearsightedness, he said. Another factor: the Orientals read up and down, which fails to exercise the peripheral fields of vision.

Surgeon General Thomas Parran to Senator Claude Pepper: "The personal relationship, in our large cities, between a poor patient and a doctor isn't very personal or doesn't exist" . . . When a convict escaped from Wethersfield (Conn.) Prison, Dr. Raymond S. Holtz, of Hartford, hopped into a borrowed airplane, flew over river marshes, saw the fugitive, signaled police. They grabbed him . . . The famous Hospital Sweepstakes did Eire's institutions more harm than good, charges Dr. W. R. F. Collis of that country. The Government, he says, passed out huge funds to scrambling volunteer hospitals, made no national plan for better facilities . . . Annoyed perhaps by the picture of superman Charles Atlas in countless magazines, Dr. Morris Fishbein remarked testily that "The purpose of the physical fitness campaign is *not* the development of big muscles."

In an indictment unique in Massachusetts, Thomas W. Cail, M.D. was put on trial for illegally practicing dentistry. He contended that in medicine "the greater includes the lesser"; was speedily acquitted . . . Amateurs who try to remove particles from the eye cause 10 per cent of ocular accidents, reports the Greater Chicago Safety Council . . . Dr. Joseph E. Coleman, Rochdale, Mass., put up a sign on his lawn: "Out of gas. Unable to make calls. Consult local ration board." Additional coupons arrived promptly next morning.

The Army is now flying whole blood directly to Paris from such points as Boston, New York, and Washington. Men wounded on the Western Front thus receive transfusions within twenty-four hours of blood's donation . . . Dr. Alan Gregg, Rockefeller Foundation director, raps the policy of putting mental hospitals out in the sticks, wants the Government to establish new ones close to medical schools and teaching hospitals . . . Cost of hospital equipment runs from 10 to 25 [*Continued on page* 135]

CĒPACOL

answers this question in throat medication

You wouldn't expect your patient to hold a solution in the mouth or gargle continuously for 5 minutes.

Yet the standard test for an antiseptic solution requires only that it be effective in this length of time.

CĒPACOL

Brand of Alkaline Germicidal Solution

FOR THE INFLAMED THROAT

Cepacol, which contains the powerful non-mercurial germicide Ceepryn (brand of cetylpyridinium chloride), has been shown by standard antiseptic tests to destroy most pathogenic bacteria common to the mouth and throat *within 15 seconds after contact.*

Other outstanding characteristics of Cēpacol are its freedom from toxicity, lack of irritation, its alkalinity, penetration and foaming detergency.

Used as a spray or gargle, Cēpacol has a delightful, refreshing flavor. Available at prescription pharmacies in pints and gallons.

Trademarks "Cēpacol" and "Ceepryn" Reg. U. S. Pat. Off.

MERRELL

THE WM. S. MERRELL COMPANY • CINCINNATI, U. S. A.

DOCTOR: *"Marvelous how Anacin relieves simple headaches!"*

NURSE: *"Wonderful how Anacin soothes pains of minor neuralgia!"*

DOCTOR: *"So fast, too, due to the skilful combination of Anacin's medically proven ingredients!"*

NURSE: *"And great for sure relief on those certain days!"*

You can depend *on Anacin's fast, effective relief* to soothe your patient's pains of simple headaches, minor neuralgia, regular menstrual pain. Try suggesting Anacin.

Quickest, *simple analgesic at hand,* Anacin provides medically proven ingredients in skilful combination. For more about Anacin, write to Whitehall Pharmacal Company, 22 E. 40th St., New York 16, N.Y.

ANACIN

REG. U.S. PAT. OFF.

per cent of structure cost, C. Rufus Rorem, of the Hospital Service Plan Commission, told Senate committeemen. The investment, he said, is high in custodial institutions, low in diagnostic hospitals.

EDUCATION

Student Supply

Pessimism among educators about the future supply of doctors—engendered by the slash in the Army Specialized Training Program in medical schools—has proved to be "unwarranted" in the opinion of Dr. Willard C. Rappleye. The chairman of the executive council of the Association of American Medical Colleges has supported his earlier contention that there would be an adequate postwar supply of doctors by citing the record autumn enrollment in medical schools and also the outlook for 1945, which he regards as equally bright.

Dr. Rappleye, who is dean of the Columbia University medical school, points to a net national increment of about 2,000 physicians a year and declares that there is "no justification for any substantial increase in the output of medical schools." He warns against lowered scholastic standards and discourages the establishment of new teaching institutions, because "there is no evidence that thoroughly qualified individuals have not normally been able to get into medical schools."

The dean reports that all medical classes this fall had enrollments beyond capacity. He adds that schools were then booked to 75 per cent of their 1945 capacity, with the Army contracting for 28 per cent of facilities and the Navy for 32 per cent. Dr. Rappleye asserts that enrollment of civilians (4-F's, women, and discharged service men) may well result in an excess, rather than a shortage, of students next year.

"In view of the extra production, during the current period, of about 10,000 doctors more than normal," said Dr. Rappleye, "and the well-founded predictions of Selective Service that under existing programs the ratio of doctors to population in 1949 will be about 1 to 733, there is no cause for anxiety. We are interested, as the country should be, not in training more but in preparing better doctors."

The educator declared that "essential teachers now in the armed forces must be discharged at the earliest possible moment" if medical schools are to operate at full efficiency in the immediate postwar period.

Defective Curricula

All three stages of education—premedical, undergraduate, and postgraduate—leave something to be desired, Dr. Charles F. Branch, dean of the Boston University School of Medicine, declared recently, adding that it is time for American schools to reconstruct their methods. "We can well afford," said Dr. Branch, "to emulate the critical introspection of the British Interdepartmental Committee on Medical Education.

"Premedical requirements have not kept pace with the advances of medical science. In spite of our aptitude tests, the Army and Navy screening program, our careful analysis of the candidate's per-

[*Continued on page* 138]

Paredrine-Sulfathiazole Suspension

How It Shortens the Course of Infection and Helps Avert Sequelae to Colds

THESE drawings—from photographs presented as a scientific exhibit at the 1944 Meeting of the American Academy of Ophthalmology and Otolaryngology—demonstrate why Paredrine-Sulfathiazole Suspension is so strikingly effective in nasal and sinus infections. The choanae of patient T. D.—with subacute pansinusitis—are illustrated.

The dramatic success of Paredrine-Sulfathiazole Suspension in aborting colds and averting complications is largely due to its prolonged bacteriostatic action. When the Suspension is administered on retiring, for example, sulfathiazole can often be observed on infected mucosa the next morning—conclusive evidence that bacteriostasis has persisted all night long.

The fundamental reason for this prolonged bacteriostatic action is the fact that Paredrine-Sulfathiazole Suspension—not a solution, but *a suspension* of free sulfathiazole—covers the nasal mucosa with a fine, even frosting of sulfathiazole, which does not quickly wash away. Yet the Suspension does not cake or clump, and does not interfere with normal ciliary action.

SMITH, KLINE & FRENCH LABORATORIES
VASOCONSTRICTOR - SULFONAMIDE

30 MINUTES AFTER INSTILLATION

The Suspension has been swept onto infected areas, where ciliary action is impaired. The sulfathiazole remains on infected areas and keeps producing a bacteriostatic solution.

45 MINUTES AFTER INSTILLATION

Sulfathiazole mixed with pus is passing over the orifice of the Eustachian tube. Should pus enter the middle ear, the sulfathiazole will minimize the likelihood of otitis media.

50 MINUTES AFTER INSTILLATION

Sulfathiazole is streaming beneath the turbinates where it mixes with pus draining from the sinuses. Thus, the Suspension helps prevent the incidence of nasopharyngitis, pharyngitis, etc.

sonality, background, and financial responsibility, we are constantly faced with the ineffectuality of our best effort."

Dr. Branch listed as largely neglected "the close integration of such subjects as physiology and its intelligent expansion and collaboration with anatomy, chemistry, pharmacology, and pathology, as well as the intensely important clinical physiology of medicine and surgery." In addition, he said, "most undergraduate curricula suffer from lack of detailed instruction in neuropsychiatry and psychosomatic medicine; tropical medicine; geriatrics; genetics; and nutrition.

"Soon," warned the educator, "tremendous pressure will be brought on every school to accept many of the returning service men whose inadequate basic training was interrupted by the war. All of us will have to cooperate and do what we can for these boys, but it will have to be with a continued wink at medical standards already lowered to the breaking point by forces beyond our control."

Prospects in Proctology

Opportunities still exist for specialization in proctology, but many would-be students are handicapped by lack of "sufficient" places where proper training can be obtained," says Dr. E. H. Terrell, Richmond, Va.

"Proctology is one of the few specialities not overcrowded," he declared in his chairman's address at the 1944 meeting of the AMA Section on Gastro-Enterology and Proctology. "There are many large and prosperous communities with no physician claiming any special knowledge of this line of work. A-

READY-TO-SERVE
BREAKFAST OR LUNCH
VALUABLE IN THE CONVALESCENT DIET

These days when hospital and home nursing facilities are heavily taxed, time-savers are work-savers. Suggesting a good nourishing breakfast of Nabisco Shredded Wheat, fruit or berries, sugar and milk—may be of real service to attendant and patient as well.

NABISCO SHREDDED WHEAT is a whole-grain cereal made from 100% whole wheat, rich source of food energy. Contributes Proteins, Carbohydrates, Vitamin B_1, Iron, Phosphorus. Especially useful in supplementing the invalid's diet when other energy foods are low.

A GOOD BREAKFAST STARTS A GOOD DAY!

BAKED BY NABISCO • NATIONAL BISCUIT COMPANY

most any one of these would support handsomely an energetic and well-trained man."

Indicating that training is the problem, Dr. Terrell said that at medical school the student "can obtain only a rudimentary knowledge of the rectum and its diseases," while the few post-graduate courses in proctology "can accommodate only a limited number of students."

At present, he added, "the best opportunity for a young man to receive proper training is to become associated, if possible, with an older and well-established proctologist. Unfortunately, there are only a few such opportunities."

PERSONNEL

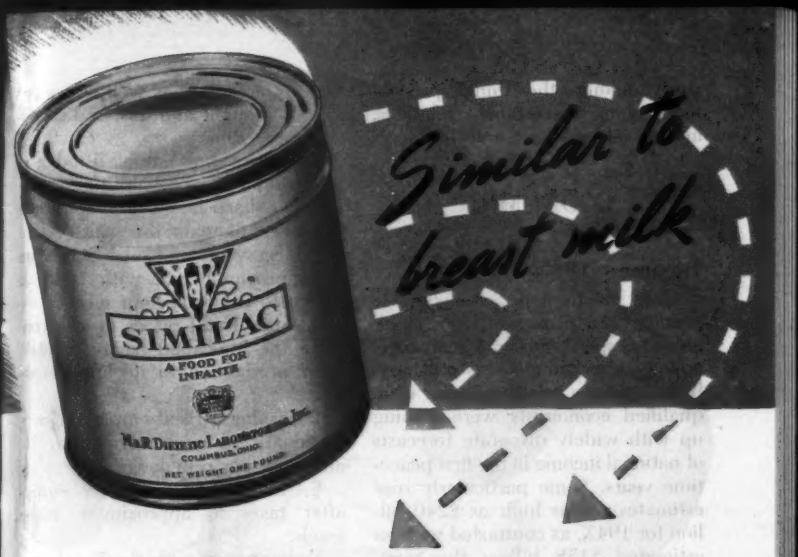
WLB Control

In a new ruling, the Tenth Regional War Labor Board has decreed that Los Angeles employers of nurses, pharmacists, and medical technicians must henceforth obtain WLB approval of wage increases. Heretofore such procedure was required only of those who employed nine or more persons. The new ruling extends WLB control to employers of even one person in any of the categories mentioned, including, also, anesthetists, physical therapists, and laboratory and X-ray technicians.

This ruling, as well as similar ones covering several other occupations, is intended to correct certain abuses that have arisen in the labor-tight Los Angeles. Employers of nine or more persons, affected by the Wage and Hour Act, have complained about labor pirating by competitors who, employing eight or fewer, have been under no restraint to hold the wage line.

Clinic Managers Meet

Scheduled to meet this month in Minneapolis is the recently organized National Association of Clinic Managers, whose announced aim is the mutual study of matters pertaining to the business side of group practice. Charter members are administrators of leading clinics who have been meeting informally for a number of years. Their decision to organize formally came as a result of growing emphasis on medical economics. A. G. Stasel, manager of the Nicollet Clinic, Minneapolis, is president of the new organization, and Herb Keefe, manager of the St. Paul Clinic, is secretary. Standing committees are being set up to



S·I·M·I·L·A·C

The name is never abbreviated; and the product *is not like any other infant food* — notwithstanding a confusing similarity of names.

The fat of Similac has a physical and chemical composition that permits a fat retention comparable to that of breast milk fat (Holt, Tidwell & Kirk, Acta Pediatrica, Vol. XVI, 1933) . . . In Similac the proteins are rendered soluble to a point approximating the soluble proteins in human milk . . . Similac, like breast milk, has a consistently ZERO curd tension . . . The salt balance of Similac is strikingly like that of human milk (C. W. Martin, M. D., New York State Journal of Medicine, Sept. 1, 1932). *No other substitute resembles breast milk in all of these respects.*

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil and fish liver oil concentrate.

SIMILAC } SIMILAR TO BREAST MILK

M & R DIETETIC LABORATORIES, Inc., COLUMBUS 16, OHIO

study, among other things, prepayment plans, Government relations, and social and economic trends.

ECONOMICS

Income—194X

How much money the average postwar American will have available to spend—for medical care, among other things—was still anybody's guess a month ago, for even qualified economists were coming up with widely disparate forecasts of national income in the first peacetime years. Some particularly rosy estimates ran as high as $240 billion for 194X, as contrasted with an estimated $158 billion this year. More reasonable—but still optimistic—forecasts were those of Beardsley Ruml and the Department of Commerce; each plumped for $140 Billion—$1,000 for every man, woman, and child in the country. (National income in 1942 was $119 billion; in 1929, $83 billion.)

Meanwhile, the Brookings Institution, finding prospects "considerably less promising," set the probable national income in 194X at approximately $127 billion—a slash of about $93 per person from the higher estimates. The institution's findings were incorporated in a study, "Postwar National Income: Its Probable Magnitude," prepared by Joseph Mayer and other Brookings economists, which incidentally forecast a 20 per cent drop in professional income in the immediate postwar years.

Dr. Mayer declared that higher estimates were the result of erroneous reasoning: a failure to take into account abnormal wages, prices, and employment, as well as confusion of thought and unsound statistical procedure.

The Brookings study listed the following 194X probabilities:

¶ No sharp boom or precipitous collapse following the war.

¶ Basic wage and salary rates on an approximate par with 1943; a return to the forty-hour week.

¶ Agricultural prices to approximate the "so-called parity levels"; farm production to decline somewhat.

¶ Earnings of self-employed professional and business men to be about 20 per cent lower.

¶ Undistributed corporate profits after taxes to approximate 1941 levels.

Unimpressed with the Brookings conclusions were Beardsley Ruml and the Commerce Department's undersecretary, Wayne C. Taylor. So was Dr. E. A. Goldenweiser, director of research and statistics, Federal Reserve System.

"The Mayer report assumes that the American genius for continually improving production methods has suddenly disappeared," observed Mr. Taylor. Pointing out that there is "substantial agreement" concerning a high level of postwar production employment—calling for a business volume of some 40 per cent above that of 1940, the undersecretary declared that "Granting it will take time to fully adapt the extraordinary rapid wartime technological developments to peacetime use, there is no reason for assuming that efficiency in civilian industry in 1948 will be no better than it was in 1940."

Dr. Goldenweiser said the Federal Reserve System had analyzed

[*Continued on page* 145]

Major surgery . . . severe infection . . . pregnancy

All the states and diseases which heighten metabolism, limit the diet or inhibit absorption of nutrients are known to be causes of sub-adequate nutrition. In such cases the surgeon or physician is well advised to combat the development of avitaminosis with

WHITE'S NEO MULTI-VI CAPSULES

Each small capsule provides substantial amounts of eight vitamins—presenting all clinically established vitamins in amounts safely above adult basic daily requirements, yet not wastefully in excess of the needs of the average patient for whom such multiple vitamin reinforcement is indicated. Herein lies its unique and impressive economy.

Supplied in bottles of 25, 100, 500, 1000 and 5000 capsules.

Ethically promoted—not advertised to the laity. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

White's PRESCRIPTION *vitamins*

WARTIME SPASTIC GUT

THE assault and trauma of disturbing psychic influences may reflect themselves in a hyperexcitability of the autonomic nervous system. The resulting spastic disorders of the gastro-intestinal tract are now being effectively managed with the well-known antispasmodic and sedative Trasentine®-Phenobarbital...supplemented by additional dosage of Trasentine when increased spasmolytic effect is desired.

Ciba

PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY

CANADIAN BRANCH: MONTREAL, QUEBEC

TOMORROW'S MEDICINES FROM TODAY'S RESEARCH

*Trade Mark Reg. U. S. Pat. Off.

TRASENTINE-PHENOBARBITAL AND TRASENTINE

he data on which the Commerce Department had based its $140 billion estimate and found them "as good as can be obtained."

PREPAYMENT

Blue Cross Prospects

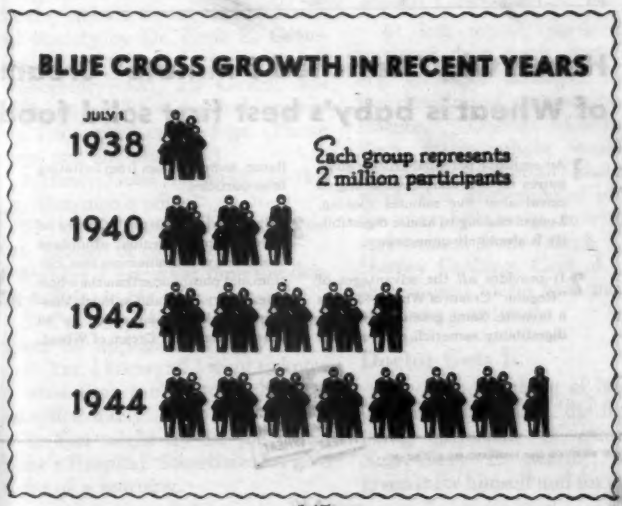
Blue Cross membership, now 35,000,000 (see cut), will double in six years at the present rate of acceleration, it was declared recently by Louis H. Pink, president of the Associated Hospital Service, New York. He said that seventy-seven approved plans throughout the country are now available to 90 per cent of the population, although only 14 per cent are actually enrolled.

LaGuardia Plan

The Health Insurance Plan of Greater New York is scheduled to enroll its first subscribers next month if the hopes of its sponsor, Mayor Fiorello LaGuardia, are fulfilled. The subscribers: 165,000 municipal employes and 50,000 transit workers—plus members of their families.

By last month, the Mayor had acquired $200,000 in grants (mainly from two foundations) to get the scheme going. Named as temporary chairman of the plan's board of directors was Dr. Willard C. Rappleye, dean of the College of Physicians and Surgeons, Columbia University. Seven other physicians' names appeared on the list of twenty-four directors, as did the names of Henry J. Kaiser and the Mayor himself.

According to the Mayor, obtaining the cooperation of the five county medical societies, which have been at odds with the Founder over the income ceiling for eligibility, is now in the hands of the directors. No compromise between the plan's proposed $5,000 limit and the societies' suggested $2,500 or $3,000



Remember when doctors believed that hot cooked cereals had to be cooked overnight to assure full and complete digestibility?

TODAY doctors recommend "Enriched 5 Minute" Cream of Wheat—proved by scientific laboratory and feeding tests to cook to complete digestibility (leaving no raw starch) in only five minutes!

Here's why "Enriched 5 Minute" Cream of Wheat is baby's best first solid food

1 An exclusive patented process guarantees no raw starch remaining in cereal after five minutes cooking. Longer cooking to assure digestibility is absolutely unnecessary.

2 It provides *all* the advantages of "Regular" Cream of Wheat, 48 years a favorite. Same granulation, same digestibility, same rich, satin-smooth flavor, same freedom from irritating bran particles.

3 "Enriched 5 Minute" Cream of Wheat supplies quick, abundant food-energy, contains more iron, calcium and phosphorus than the whole wheat berry itself and as much Vitamin B_1. Also recommended for 48 years is "Regular" Cream of Wheat.

figure had been effected a month ago.

The city plan, it was announced, would take over, by merger, Group Health Cooperative, a private prepayment plan with 10,000 subscribers and 3,000 participating physicians.

As the mayor sees it, his plan should have 1,500,000 subscribers three years hence, and should then be grossing $75,000,000 a year in premiums. The scheme requires subscribers to pay premiums of 2 per cent of their earnings, with a like amount to come from employers. Panel participation by doctors still hinged last month on the outcome of the controversy between the mayor and the societies.

PUBLIC RELATIONS

Model Office Girl

Picture of a secretary, as painted for the Jackson County (Mo.) Medical Society by Dr. Rush E. Castelaw:

Secretary: Oh, my Gawd; late again, and do I feel tough this morning. I'm as tired as two dogs. (Phone rings and she answers.)

Patient: Good morning, is this Dr. Busyman's office?

S: Just a minute, I'll see. Oh yes, yes, indeed; of course it is.

P: May I ask what time the doctor will be in his office today?

S: I'm sorry, but we see our patients by appointment only.

P: Yes, I know; all I want to know is what time the doctor will be in his office today.

S: You might try St. Joe or St. Luke's Hospital. Sometimes he goes there of a morning.

P: No doubt of it, but what time will he be in his office today?

S: Just a minute. (A two-minute silence.) Now, what was it you wanted please?

P: I asked what time Dr. Busyman would be in his office today.

S: Let me see, is this Wednesday or Thursday? He always goes fishin', I mean he plays golf, or anyway he does something on Thursday; I never could find out just what. You might try his house; sometimes you can find him there.

P: I'll call his residence. Can you give me his number without looking it up in the phone book?

S: Well, let me see . . . I think it's either . . .

P: Oh, never mind. Goodby.

S: What did you say your name is? (The nerve of some people; he hung up right in my ear. Doctor will be mad about this. Just the same he can't say I didn't try. Ho hum. I sure need a permanent.)

Radio Laurels

At last report, some fifty-five sponsors—drug stores, surgical dealers, etc.—had arranged for local broadcasting of a transcribed radio feature, "Doctors Courageous." Each fifteen-minute weekly program (fifty-two in all) sketches the work of a distinguished physician, the complete series covering men and women from Joseph Lister to Harvey Cushing. Cost of sponsorship is said to be low and public response gratifying.

Doctor Gets E

Dr. A. J. Ginsberg of New York City is described as "the first practicing physician to receive the Army-Navy E award." He was given it for himself and for a binocu-

lar-stereoscope company of which he is president. His product is used to detect enemy camouflage.

Diagnosing Doctors

Laymen who analyze the medical profession and come up with profound but contradictory conclusions aren't helping physicians achieve helpful rapport with the public, according to the Tarrant County (Tex.) Medical Society.

"The boys and girls who write pieces for the paper and help pay the rent by making speeches to service clubs announce that doctors are poor business men with no sense of the value of money, who work for nothing, need a guardian and die in the poorhouse; also that they are wealthy and crass commercialists who think of patients and diseases only in terms of dollars. Doctors operate too often; also they let people die because they fail to operate. They do not explain things to their patients, and scare them to death when they do. They prescribe too much medicine, and leave too much to nature.

"Physicians are cold and aloof; they are also too familiar. If they attend post-graduate courses they neglect their patients; if they do not they become back numbers. If the hospital bill is too high it is the doctor's fault, and if the patient comes to grief at home it is malpractice. Too many visits to the patient constitute a racket, while too few mean neglect.

"It being obvious, then, that the physician is always wrong—an individualist, an inflated egotist, a humble apologist, a sadist, a masochist, a commercialist, a wife-beating backslider, and a financial imbecile—something must be done

about it immediately. The usual recommendation is for immediate assumption of the practice of medicine by the Government, which, by providing sufficient bureaucrats to adequately guide, instruct, and supervise physicians, will naturally eliminate these and all similar character defects.

"The profession," the society concludes, "sorely needs capable and honest evangelists."

Nobel Awards in Medicine

Four doctors, three of them Americans, have recently won Nobel Prizes in medicine. The 1944 award, worth $29,000, goes to Joseph Erlanger, 60, professor of physiology at Washington University, St. Louis, and to Herbert Spencer Glasser, 56, Rockefeller Institute director, for their studies of the differential function of nerve threads. They will divide the money.

The 1943 award, delayed a year, is $29,500. It goes to Edward Albert Doisy, 51, professor of biochemistry at the St. Louis School of Medicine, and to Henrik Dam, of Copenhagen, Denmark, for discovery of the chemical nature of vitamin K. Dr. Dam is now at the Strong Memorial Hospital, Rochester, N.Y.

Underwriters Chided

The examining physician has recommended the applicant as being a sound physical and mental risk, but the insurance company turns him down. Should the doctor be apprised, in confidence, of the reason for the rejection? Yes, says the Bucks County (Pa.) Medical Society: "The physician would have cause to improve, and the company profit, by prompt and frank corre-

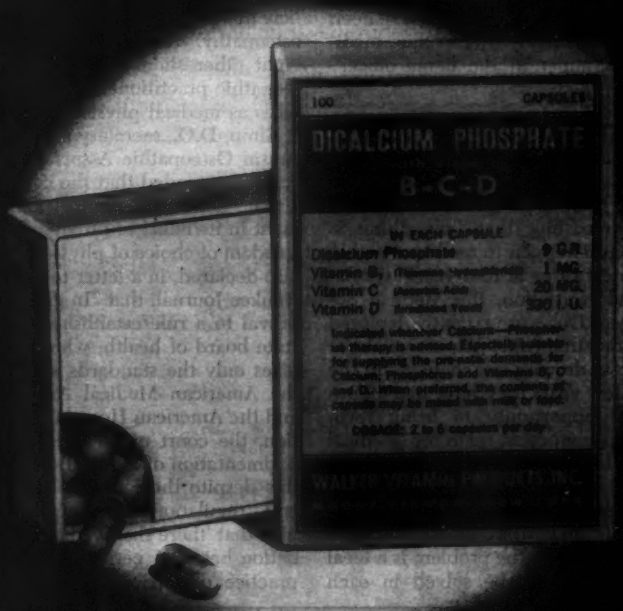
FOR PRENATAL CARE

DURING pregnancy, not only must an adequate intake of calcium and phosphorus be assured, but also a liberal supply of vitamin D for peak calcium metabolism . . . vitamin B for sound nerves and the amelioration of hyperemesis gravidarum . . . and vitamin C, to supply the greatly increased requirements of pregnancy and lactation.

Walker's Dicalcium Phosphate with Vitamins B-C-D provides all these factors in one "single-prescription" product.

Its capsule form eliminates the "chalky" taste of water products, its tolerance is excellent (the Vitamin D is supplied in the form of irradiated yeast) . . . and the price to the patient is only $1.75 per box of 100 capsules.

For a trial supply, just write to WALKER VITAMIN PRODUCTS, INC • MT. VERNON N. Y.



Walker's

DICALCIUM PHOSPHATE WITH VITAMINS **B-C-D**

spondence detailing exactly what was wrong with the patient . . . A medical examiner would be 'on his toes' a bit more if he knew when and how he had failed to label the prospect more carefully."

Relating the instance of a rejected applicant, and the discovery by the examining physician—via. "Sherlock Holmes maneuvers"—that the man was turned down because he was running around with someone else's wife, the society conceded that this was "a possible liability." But, it asked, "is there anyone in the house who can tell us why the doctor could not have been told this directly by the chief medical examiner at the home office?"

FEDERAL MEDICINE

Chaotic Condition

Forecasting that "something is going to happen to medicine within the next three or four years" via national legislation, the Medical Society of Delaware recently deplored the fact that AMA officials will have little to do with the change. "In the last few years they have had an unusual opportunity to bring forth some competent plan of medical care for all classes of people in the country but, as far as we know, they have offered nothing.

"The most they have done is to advise us that the problem is a local one and must be solved in each state by the component county medical societies.

"What a chaotic condition would exist if Congress were to tell the people of the country that it wasn't able to meet problems as they arose, and that it was up to each county government to seek its own salvation!"

Osteopaths Protest

Forbidden by a state supreme court decision to participate in the EMIC program of maternity care for wives of service men, Wisconsin osteopaths have charged publicly that the court has "blackballed" osteopathy. Asserting that thirty-eight other states have placed osteopathic practitioners on the same basis as medical physicians, Edwin J. Elton, D.O., secretary of the Wisconsin Osteopathic Association, recently contended that the court decision "defies the Federal Government in its effort to provide for the freedom of choice of physician." He also declared, in a letter to the Milwaukee Journal, that "In giving approval to a rule established by the state board of health, which recognizes only the standards set up by the American Medical Association and the American Hospital Association, the court opens the door for regimentation of medical care. And this despite the fact that the Federal regulations specifically provide that 'there shall be no discrimination between persons licensed to practice obstetrics,' and a further

VIM is the Needle for *Intravenous Work*

and your favorite lengths and gauges are now available

Ask the surgical dealer's representative for the needle most favored for Intravenous work by thousands of physicians and specialists—the Square-Hub VIM.

Made from genuine Stainless *Cutlery* Steel, the VIM point is beautifully tapered and hollow-ground; the flat edges of the point are razor-sharp and thus gently slit tissue and vein wall instead of puncturing. Most important, VIM points hold their sharpness despite continued use and sterilization; they are heat-treated and uniformly tempered to exactly the hardness required to assure long-lasting service in a cutting instrument. If it's a VIM, it stays sharp indefinitely.

For intravenous work, VIM Stainless *Cutlery* Steel needles are now available in the following lengths and gauges, all with Intravenous Points (18°):

25 Gauge, ¾"	21 Gauge, 1"
24 Gauge, ¾" ½"	20 Gauge, 1" 1½"
23 Gauge, ¾"	18 Gauge, 1½"
22 Gauge, ¾" 1" 1¼" 1½"	

Order these sizes from your surgical instrument dealer. Write us for a complete list of sizes for general Hypo use, for Intramuscular, Intradermal, Subcutaneous and Immunization work.

Hollow-Ground Points *Keen-Cutting Edges*

MacGREGOR INSTRUMENT CO., Needham 92, Mass.

FIRTH STAINLESS *CUTLERY* STEEL HYPO NEEDLES

SOLD IN: UNITED STATES—Surgical Instrument Dealers
CANADA—Ingraham E. Bell, Ltd., Toronto, Montreal, Winnipeg, Calgary
GREAT BRITAIN—Henry Millward & Sons, Redditch, England
SOUTH AMERICA—General Electric X-Ray Corp., Chicago, Ill.

provision that the 'wife of a service man shall have free choice in the selection of her physician.'"

EMIC, Postwar

The Children's Bureau does not aim to continue its Emergency Maternity and Infant Care program after the war, Dr. Martha M. Eliot, associate chief of the bureau, asserted recently. Nevertheless, said Dr. Eliot, it is the agency's responsibility to recommend such postwar expansion as the existing need demands. She added that the basis of an expanded program should be the present plan of Federal grants-in-aid to the states.

MILITARY

Navy Seeking M.D.'s

With Army recruiting of physicians at an end, the Navy Department is continuing its intensive efforts to find 3,000 additional medical officers (it now has some 13,000). The Veterans Administration is also seeking large numbers of doctors.

The War Manpower Commission revealed a month ago that with 47,500 physicians in the Army, the War Department would draw its future supply only from reserves now completing their medical education or interneships.

Dentists Prefer Autonomy

U.S. dentists overwhelmingly favor separate administration for the Dental Corps, now under jurisdiction of the Army and Navy Medical Departments, according to a survey conducted by Oral Hygiene.

Of 3,370 dentists replying (840 were in service), 97.48 per cent preferred autonomy of administration. Most of these (92.82 per cent) favored the establishment of a Dental Corps completely independent of the medical departments and responsible only to the General Staff of the Army and the Bureau of Navy Personnel.

Of the dentists favoring independence, 98.02 per cent voted for an active campaign to achieve it, preferably one requesting Congressional action.

Penicillin Refund

Charles Pfizer & Co., which supplies the Army with about 60 per cent of its penicillin, has voluntarily refunded $1,100,000 to the War Department as a result of savings effected by production methods adopted in 1944. The company has also reduced its contract price on current Army deliveries, and has upped production to double its original Army-rated capacity.

Hot Potato

The sweat pouring off Major Charles Appleberry was not caused entirely by the white-hot operating light above him. It was the result of nervous tension. His job of the moment was to remove an artillery shell from the chest of a G.I. patient, and the shell was a live unexploded one.

An X-ray had located the shell up against a rib. The fuse was intact. Unless handled with considerable care, an ordnance officer had said, it might readily liquidate the patient—to say nothing of the surgeons and attendants.

Gingerly the major made an in-

cision, located the shell, and grasped it with his forceps. There was a blinding flash. All present prepared to meet their maker—all, that is, except the staff photographer who had just taken a picture of the event.

Both patient and doctor were expected to recover. The shell was safely disposed of. Leyte hummed with the story.

V.D. No Misconduct

Under a new law passed unanimously by both branches of Congress, acquisition by service men of venereal disease is no longer punishable by forfeiture of pay, provided the victim reports for treatment. Reasons for the change: The Army has learned that fear of punishment does not prevent exposure. On the contrary, penalties may result in concealment and hence aid in spreading V.D. in both Army and civilian population.

New Hospital Ships

By year's end the U.S. Army will have twenty-four hospital ships available for evacuating casualties from combat zones, with a total patient capacity of more than 14,000 patients.

They will include six vessels to be added to the fleet, ten which were recently converted from Army transport and cargo service, and eight previously in use. Three are Navy ships, operated for the Army. All the vessels, however, are staffed with Army medical personnel.

Threatens Nurse Draft

A black market for nurses is now operating in New York, with R.N.'s getting as much as $50 a day for their services, Rep. Frances P. Bol-

ton (R., Ohio) recently told student cadet nurses at Manhattan's Hunter College.

Scoring the profession's "apathy" toward the war, she warned that if the 10,000 R.N.'s needed immediately for overseas duty did not volunteer, Congress would find a way to force them to serve.

LEGAL MEDICINE

Raid 'Diploma Mill'

Until the district attorney's office stepped in last month, a two-room "College of Psychiatry" on Park Avenue, New York, was grinding out "doctors' degrees" for fees ranging from $450 to $800, according to charges against George William Manus, 24 years old, who described himself as "vice dean."

The youth, 4-D in the draft (clergyman's classification), specialized in soliciting chiropractors for post-graduate courses in "psychological healing in all its branches." According to the district attorney, the following degrees were offered: doctor of psychotherapy, $450; doctorate of philosophy in psychology, $500; doctorate of science, $600 (reduced from $1,000).

Manus, accused of running a fake college and illegally calling himself a physician, was declared to have told prospective students that his "school" had 4,000 graduates. In issuing diplomas, it was alleged, he described his "college" as an extension branch of the "Los Angeles University College of Psychiatry" and the "Golden State University of Los Angeles," both nonexistent. Police said Manus's "medical degree"

[*Continued on page* 163]

crowds and coryza!

THE COMMON COLD ... it *mixes* with the crowds, and it *meddles* to an extent which has meant as many as 23,000,000 persons ill with colds during a single week.[1] A review of the "sick list" in American shops and offices reveals other startling figures on the anti-production menace of the common cold. For instance, a reliable survey[2] shows that, in one winter month, thousands of workers were affected, with a resulting loss of 1,600,000 man-days of labor. In summary: Three out of four are attacked in winter ... one out of twenty, even in midsummer.

Immunologic responses to the so-called cold virus are relatively transient. Prophylactic indications, therefore, are directed toward active immunization against bacteria associated with the more severe types of common cold.

'VACAGEN' ORAL COLD VACCINE TABLETS are designed to produce active immunity against ten, specific, pathogenic bacteria believed responsible for the more severe manifestations of colds, grippe, and similar acute infections of the upper respiratory tract. Supplied in vials of 20, and in bottles of 100, 500 and 1000.

Sharp & Dohme, Philadelphia 1, Pa.

1. Ending February 24, 1942. 2. November 24-December 20, 1941. American Institute of Public Opinion

'VACAGEN' *Oral Cold Vaccine Tablets*

SOMETHING VITAL IS MISSING!

CAN YOU DETECT THE MISSING ANATOMY?

SOMETHING is missing, too, in synthetic Vitamin B mixtures.

Until all the elements of the B-complex are known chemical compounds, only a product derived from a *natural* source can supply the complete action of B-complex.

That is why more and more physicians are prescribing HALABEX — YEAST VITAMINE TABLETS (Harris). A natural source of amino acids, HALABEX — YEAST VITAMINE TABLETS (Harris) provides *ALL* the components of B-complex — known and unknown — that are natural to BREWERS' YEAST.

HARRIS VITAMIN PREPARATIONS NOW INCLUDE:

HALABEX (formerly called Yeast Vitamine Tablets)
HALAPAN • HALADEE • NICOTINIC ACID
VITAMIN C • VITAMIN B_1 • VITAMIN B_6
BREWERS' YEAST POWDER (Harris)

HALABEX—Yeast Vitamine Tablets (HARRIS)

Harris Laboratories
(Division of Bristol-Myers Company)
Tuckahoe 7, New York
PRODUCERS OF VITAMINS FOR MEDICAL USE SINCE 1919

HARRIS LABORATORIES Dept. E
Tuckahoe 7, New York
I would like a trial package of HALABEX—YEAST VITAMINE TABLETS (Harris) and information on new HARRIS Vitamin Preparations.
Name
Address
City State

HARRIS VITAMINS ARE NEVER PROMOTED TO THE PUBLIC

NOT A DISEASE...

but what an Experience!

—the experience 80% of women encounter in varied degree at the 45 to 50 epoch.

That some women meet the menopause as a blessing—pass spontaneously from years of child bearing and of worrying to serene, if plumper, matrons—suggests that more can be so transformed, by the physician's good management.

When vasomotor and psychoneurotic symptoms predominate

ESTROGENIC SUBSTANCE - Breon

is the "doctor's aid." This ovarian follicular hormone preparation, standardized in total estrogenic potency, is assayed by the vaginal smear method; is of proved uniform purity as determined by melting points, optical rotation, and bioassay.

Each 1,000 I. U. of Estrogenic Substance - Breon produces the equivalent in estrogenic effect of 0.1 mg. estrone.

BREON

AMERICAN MEDICAL ASSN

Breon also makes Diethylstilbestrol—the synthetic estrogen effective by mouth.

George A. Breon & Company

NEW YORK ATLANTA KANSAS CITY, MO. LOS ANGELES SEATTLE

came from another imaginary school: the "White Cross Medical College of the University of Physicians and Surgeons of Southern California."

Courses of study offered by Manus, police said, included "hypnotic, painless, and drugless childbirth; instantaneous hypnotism; reflex therapy (a method of growing hair on bald heads); suggestion and autosuggestion; psychological somatotherapy; suggestive therapeutics; color therapy; vibro therapy; chemical psychology; chemical psychotherapy; advanced esoterics; and metaphysics."

The district attorney's investigators disclosed that prospective students seeking information on still another course—prenatal suggestion—were told that "When a couple decides to have children, they are both to go away to a mountain resort where they can romp in the grass and eat green vegetables. Later on they will have a healthy baby."

Wins Court Test

A demobilized physician who wishes to regain his pre-war industrial position is an employe in the eyes of the law, and his former employer must rehire him. Thus held the U.S. Court of Appeals, third district, in its first case involving the Selective Service Act amendment which requires employers to rehire returning veterans. The appeals court decision reversed that of a lower court, and directed the General Cable Corp., Perth Amboy, N.J., to reinstate Dr. Albert E. Kay as medical director.

Upon his discharge from the Army for physical disability, Dr. Kay had applied for his old position, but the company had refused to rehire him on the ground that he was not an employe but an independent contractor. The company also contended that an employe's health association which had formerly retained Dr. Kay had refused to take him back, and had engaged another physician. Therefore, maintained the company, it would be more beneficial to employes to retain the replacement physician as company doctor. The court declared, however, that validation of any such claim "would defeat the main purpose of the act and limit its operation to merely capricious or arbitrary refusals."

Shortwave Fight

Need the field of communications and radio interfere with the promotion of the nation's health? This was the basic question before the Federal Communications Commission in Washington, hearing testimony on shortwave band frequency allotments.

Dr. Warren P. Morrill, representing the American Hospital Association, pointed out that only three bands in the spectrum are of importance to hospitals and physicians and that the breadth of these bands, or tolerance allowed, should be maintained. "If the tolerance allocated are too narrow," he declared, "all existing diathermy machines will have to be discarded."

The same bands now used by hospitals are of importance to manufacturing industries, which have developed electronic methods of heat-treating metals and of impregnating wood with plastics. Industry is expected to need even wider tolerances than do hospitals, but the two have been operating suc-

cessfully on the same bands with out interference.

The FCC, holding these hearing to determine the allotment of zone and their tolerances in the electroni spectrum or shortwave frequencie contends that the electric appar tus used by hospitals and industr interfere with radio transmissio and reception.

"Hospitals have no desire to tre pass on areas of the electronic spe trum needed for other purposes testified Dr. Morrill. "In the pre ent instance, they are able to ope ate within the same bands and wit the same tolerances needed by in dustry, and without mutual interfer ence. The choice thus becomes on between the health and welfare o the people of all the Americas an the needs of productive industry on the one side, and the needs fo communication and recreation o the other."

ETHICS

Kickback Prevention

Last month some 23,000 physi cians licensed to treat workmen' compensation cases in New York City came under the jurisdiction o a state-authorized medical prac tice committee consisting of three doctors. The board's establishmen followed the Moreland Act investi gation which charged that more than 3,000 New York physicians had been involved in fee-splitting and kickbacks. The Richmond County Medical Society is now the only one in New York City which continues to supervise the compensation doctors.

The new committee will license,

the Stuart formula

ONVENIENT FORMS: LIQUID AND TABLET

OR TWO TABLETS, *Standardized to contain:*

Compare

Vitamin A (from purified fish liver oil)	5,000 U.S.P. units
Vitamin D (activated ergosterol)	800 U.S.P. units
Vitamin C (ascorbic acid) *(tablets only)*	1,500 U.S.P. units (75 milligrams)
Vitamin B_1 (thiamin chloride)	1,250 U.S.P. units (3.75 milligrams; 3,750 micrograms)
Vitamin B_2 (riboflavin: vitamin G)	3 milligrams (3,000 micrograms)
Vitamin P-P (niacin and niacin amide) (Pellagra preventive factor; member of B complex)	25 milligrams (25,000 micrograms)
Vitamin B_6 (pyridoxin)	200 micrograms
Calcium Pantothenate	5 milligrams
Vitamin E (natural tocopherol)	1 milligram (1,000 micrograms)
Iron (ferrous sulphate)	15 milligrams
Manganese (manganese sulphate)	7.5 milligrams
Iodine (potassium iodide)	0.15 milligram
Food Copper	tablet: 20 micrograms liquid: 250 micrograms

Together with Biotin, Folic Acid, and other members of the vitamin B Complex derived from natural sources.

Sold through ethical methods only

any: PASADENA, CALIFORNIA • CHICAGO, ILLINOIS

regulate, and discipline physician engaged in compensation work. It will also fix fees in disputes and settle complaints generally. Its first job, said Edward J. Corsi, state industrial commissioner who appointed the members, will be to take action on charges against 1,000 doctors and on 100 cases of disputed fees.

PUBLIC HEALTH

APHA Program

Admitting that it will take time (but that "this goal should be attained within ten years"), the governing council of the American Public Health Association last month offered its own "national program for medical care." The council declared its plan "should make available to the entire population all essential preventive, diagnostic, and curative services," and should be "financed through social insurance supplemented by general taxation, or by general taxation alone."

Almost immediately the report was interpreted by the JAMA as "favoring, in effect, a Federal plan of compulsory health insurance." The Journal saw such action as "a shrewdly manipulated performance by full-time public officials, economists, and bureaucrats," and representing only "the action of the subcommittee which prepared it, the committee on administrative practice which approved it, and the forty-nine members of the governing council who voted in its favor" (fourteen voted against it).

The APHA declaration urged that the problem of adequate medical care be attacked simultaneously on

How a doctor's day can be made easier

Here's quick relief for 2 common skin irritations

WITH one appointment after another, don't your hands sometimes get irritated from frequent washings? Don't your feet often burn at the end of the day?

If common skin irritations are annoying you, here's a friendly tip: keep a jar of Medicated Noxzema in your office. Rub a little into your hands after you wash them. It's greaseless; vanishes almost at once. But notice how quickly it helps smooth and soften the rough, dry skin!

Try rubbing Noxzema on your feet, too, before you go to bed. It's so soothing, cooling—feels "just like wading in a cool stream." And try Noxzema Specially Prepared for Shaving, either before lathering or as a brushless; see if it doesn't give you a smooth, easy, painless shave.

For your information, Regular Noxzema is a modernization of Carron Oil, fortified by adding Camphor, Menthol, Oil of Cloves and less than ½% of Phenol in a greaseless, solidified emulsion; its reaction is almost neutral, the pH value being 7.4.

four fronts: distribution of costs; construction of facilities; training of personnel; and expansion of knowledge.

"Insofar as may be consistent with the requirements of a national plan," it added, "states and communities should have wide latitude in adapting their services and methods of administration to local needs."

In connection with costs, the APHA council felt that "financing through social insurance alone would result in exclusion of certain segments of the population."

Other key recommendations:

1. *Payments to physicians.* "Private practitioners in each local administrative area should be paid according to the method they prefer, *i.e.*, fee for service, capitation, salary, or any combination of these. None of the methods is perfect; but attention is called to the fact that fee for service alone is not well adapted to a system of wide coverage."

2. *Physical facilities.* "A program should be developed for the construction of needed hospitals, health centers, and related facilities, including modernization and expansion of existing structures. This program should be based on Federal aid to the states . . . . The desirability of combining hospital facilities w[ith] the housing of physicians' offic[es], clinics, and health departme[nts] should be stressed."

3. *Health agencies.* "The F[ed]eral and state governments sho[uld] provide increased grants for the [ex]tension of adequate public he[alth] organization in all areas in all states."

4. *Personnel distribution.* "Professional and financial stimuli should be devised to encourage physicians, dentists, nurses, and others to practice in rural areas. Plans to encourage the rational distribution of personnel, especially physicians, should be developed as quickly as possible in view of the coming demobilization of the armed forces."

5. *Administrative personnel.* "Education and training should be encouraged for those who may serve as administrators of the medical care program. State health departments should train personnel in such technics as administration of health and medical services and of hospitals. Such a training program may contribute more than any other single activity to the future role of the official public health agency."

The report contended that "the public health agencies—Federal, state, and local—should carry major

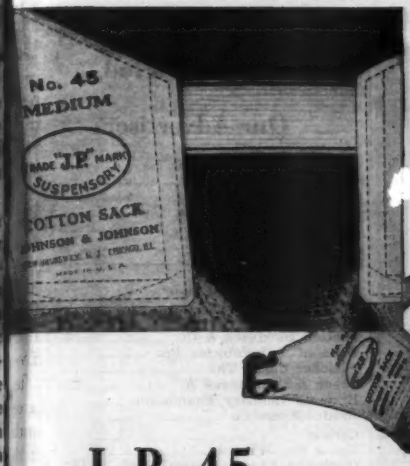
responsibilities in administering the health services of the future. It warned, however, that these agencies, as now constituted, "may not be ready" in all cases to assume the task, and it implied that they may lose out in the race for control of a national health program unless they prove their worth.

"Public health officials should be planning to discharge these larger responsibilities, and should be training themselves and their staffs. This preparation should be undertaken now because, when the public comes to consider where administrative responsibilities shall be lodged, it will be influenced in large measure by the readiness for such duties displayed by public health officers and by the initiative they have taken in fitting themselves for the task."

To the AMA all this looked like threat and challenge, and it sharply criticized the APHA governing council's rejection of a proposal for consultation on the program with medical and dental leaders. This rejection, said the JAMA, "indicates the attitude that may be expected of them if they should have control of the Washington bureaucracy that would dominate American medicine should their ideas become effective."

But the APHA was ready to go ahead. The report adopted by its governing council concluded thus:

"The American Public Health Association through its national organization and its constituent societies stands ready to collaborate with the various professional bodies and civic organizations who may be concerned with either the provision or receipt of medical service with a view to implementing the foregoing general principles."



Reinforced sewing at points of stress give added wear.

J. P. 45

Elastic-adjusting Type

SUSPENSORY

When a suspensory is indicated, you can specify a J. P. 45 with confidence. The distinctive advantages of this practical suspensory conform with professional standards.

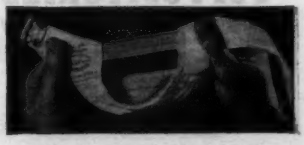
℞

Send for a J. P. 45 suspensory on your prescription blank. No charge. Specify small, medium or large.

Other Johnson & Johnson Suspensories:
Long Life 101, Drawstring Type
Lister's 4, Legstrap Type

Soft, form-fitting knitted pouch for maximum coolness.

Extra-light in weight yet properly balanced for comfort.



Self-adjusting elastic strip controls pouch for proper support.

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

Where to Find Our Advertisers

Pictures in This Issue

Cover by Ewing Krainin; coat, courtesy of Saks-Fifth Avenue, New York. Pages 45, 46, 47, 52, 53: Ewing Galloway. Pages 48, 49: Museum of Natural History, New York.

Thou better name than all the family of fame!

FORTUNATELY, today, medical provision of "tranquility" for climacteric cases is more practicable than ever—with Hexital...a preparation assuring more complete control of psycho-physical disturbances through ample hormonal compensation and safe sedation. ¶ Hexestrol (significantly less toxic than stilbesterol) is the estrogenic factor in Hexital—3 mg. in each tablet; phenobarbital, the sedative component—20 mg. to the tablet. As combined in Hexital, unpleasant side-effects of synthetic estrin medication are reduced to a minimum. ¶ Average daily dose (preferably upon retiring) is one tablet. Supplied 100 and 1000 to the bottle, in scored tablets—inexpensively priced.

ORTHO PRODUCTS, INC., LINDEN, N. J.

***hexital*—A STEP FORWARD IN MENOPAUSAL THERAPY**

PEACE ON EARTH

. . . TO MEN OF GOOD WILL

That all men everywhere may breathe again as free men ☆ ☆ That suffering and oppression may vanish forever from the earth ☆ ☆ That all men may regain their self-respect ☆ ☆ That the labor of all men may be devoted to the good of mankind ☆ ☆ That the pain and the hurt of all men be mercifully healed ☆ ☆ That all may live in peace forever!

We, men and women of Wyeth . . . as one voice, make this wish. To the doctors and nurses in our Army and Navy in the far corners of the earth; to our doctors and nurses at home; to our druggists; we at Wyeth are proud to have been of service. Proud and honored to have received our third Army-Navy "E". To you, men and women of mercy—our hand and our utmost support at all times.

Wyeth

"But how do I bathe the baby, Doctor?"

Hand her this → and save time!

FREE TO ANY NURSE OR DOCTOR

There are 20 pages of text and illustration in this informative booklet. You may have as many copies as you can use. The instructions are those given at the famous Maternity Center in New York City. They conform with the most recent medical knowledge and modern methods.

These booklets are offered by the makers of Ivory Soap as an expression of thanks for your continued confidence in Ivory's purity and mildness. (In a recent survey made by a leading medical publication to which thousands of doctors replied—more advised Ivory Soap for skin care than all other brands put together!)

Ivory Soap

99 44/100% PURE

---------- CLIP AND MAIL—NO OBLIGATION ----------

IVORY SOAP, Dept. E—Box 837
Cincinnati 1, Ohio

Please send.....copies of the authoritative 20-page booklet, "Bathing Your Baby—the *Right* Way!" to:

NAME_____

ADDRESS_____

CITY_____ ZONE NO.____ STATE_____